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THE KANSAS CITY

MEDICAL JOURNAL.

OCTOBER, 1873.

On the Uses of Opium in Labor.

By T. CURTIS SMITH, M. D., Middleport, Ohio.

Of all the agents brought into requisition by the varied ailments of the human family, none is probably as frequently used as opium, or some of its numerous preparations. Hence it is not strange that its use should be demanded at our hands, in some of the conditions that precede, attend or follow parturition. The general therapeutical and physiological effects of the drug need not be mentioned here, only so far as may be necessary in speaking of its use in special cases or conditions. We all know, or should know, its influence over the organic and inorganic systems of nerves, and that it is principally, if not entirely through these that it exerts whatever power it may have over the physical economy. By its power thus exerted, it first exalts the intellect, stimulates the circulation, and next calms exalted nervous irritability, soothes to quiet slumber, or spends its power in allaying pain, &c., &c., leaving a secondary effect of retarding secretion, impairing digestion and depressing the intellectual faculties. An agent capable of all this, and more, will always find much use in the treatment of disease.

But what are its applications in the many varied states of a

pregnant woman? One of the frequent mishaps of such cases is abortion. Opium here, as a preventive, is generally our sheet-anchor. Probably no single agent, nor combination of agents, has been as successful in preventing abortion and premature labor as opium. It allays the pain that indicates its threatening, allays the nervous irritability caused by the shock that excited the uterine contractions; also, allays the mental apprehensions of the patient. But opium, even here, cannot always be given without preparation of the patient, as there may be present some marked constitutional or symptomatic contraindication, that must first be set aside or obviated. For instance, we would hardly expect to give opium to a patient having at the time in question a well marked determination of blood to the head, without first using the lancet; or, now-a-days, without combining it with pretty large portions of Bromide of Potassium, to counteract the tendency opium has to increase such determination. Nor would we, if we could reasonably avoid it, use opium where the idiosyncrasy against it was very strongly marked, fearing its sequential effects would more than counteract its benefits. In cases threatening premature labor, opium is nearly always beneficial, and many a case has been continued to a happy termination, by its use, that would otherwise have terminated disastrously.

But what are the indications for its use where labor has apparently or really set in? Very few, proportionately, of these cases need any remedy to alleviate the suffering, or to expedite the process. A few, however, do need such aid. Opium, it is said by a few, increases the number and force of uterine contractions, but such a statement is contrary to reason and experience. Otherwise, when given to prevent abortion or premature labor, it would be expected to increase the power of the contractions, and bring on the labor we are trying to postpone. Experience certainly has abundantly proved that it is not directly an oxytocic agent, but that where the uterus is rigid around the mouth, and the contractions attended with unusually severe grinding pain, the contractions sufficient but the relaxation insufficient, opium is very beneficial.

A few years since, a series of articles appeared in an eastern journal from the pens of Dr. Barker, of New Jersey, Dr. Byrd,

of Baltimore, and Dr. T. J. Kennedy, claiming that opium and morphia "act as a parturient," by "arousing the dormant contractions of the uterus." They claim that while ergot tends to increase the rigidity of the os when already rigid, that opium "facilitates dilatation," but "promotes the expulsive power of the body of the uterus." Again, they state "that opium possesses the power of relaxing the circular fibres, at least of the os, and of stimulating the longitudinal and oblique fibres into active contraction." This is certainly a new acquisition to the reputed fame of opium; but is it correct? I must answer for myself, from experience, emphatically, No. If opium increases the contraction of the longitudinal and oblique fibres of the body of the uterus just when we want it to, and relaxes the circular fibres just at the right time and the right place, it is certainly an agent possessing more intelligence than it has heretofore received credit for. Again, barring this claimed inherent intelligence of the agent, if it does possess such power, who for a moment would dream of using it in a case of threatened abortion or of threatening premature labor? for it would inevitably produce the very result we dread. On the contrary, we know it does not possess such power, because it is given to allay such morbid conditions, and that with the very best of success. Again, if it possesses the power of producing uterine contractions, we would not dare to use it with a patient during pregnancy. In real fact, these writers have misconstrued its action in the cases where it has proved beneficial. To illustrate, let us suppose a few cases of labor such as we often meet in practice. We are called to see Mrs. A. She is a woman well proportioned, her time for confinement is at hand, and examination proves a first vertex presentation, with roomy pelvis, os dilated or dilatable, but the pains or uterine contractions are very feeble. If opium possesses the power of producing or increasing contraction of the muscular walls of the body of the uterus, here is certainly a case for its use; and we would expect to find it winding up a tardy labor in a short time. But who would think of giving opium in such a case, with such an end in view? Whoever does so may expect to be, and will, most likely, be disappointed. But suppose the same case is found with everything correct in position, and labor actively going on, at least the contractions

powerful and regular, but the os so rigid that the expulsive efforts are ineffectual, and labor progresses very slowly, if at all. Then would opium be proper? Barring strong contraindications, it would here be highly useful. Not, however, by increasing the power of the contractions, but rather by allaying the inordinate action, and permitting dilatation of the circular fibres of the os, by allaying the morbid nervous irritability that has kept the os rigid. In the former instance, ergot would be a proper agent; in the latter, ergot could not be safely used, but opium would prove highly beneficial, not in directly producing dilatation, but in removing the cause of the rigidity of the os. Opium never, in my opinion, causes uterine contractions, but it may, and no doubt does, sometimes, permit their apparent increase by allaying morbid irritability, and leaving nature untrammelled to perform her task.

These views I find are sustained by the majority of writers on this subject.

Another use for opium in pregnancy is to allay morbid action of the uterus, or rather pain in that organ when labor is threatened, but not commenced, in which the pain is regularly periodic, and closely simulates labor, except that there is little or no contraction of the uterus. For instance, I was called some months since to see a lady supposed to be in labor. She had called in her lady attendants, and all things were made ready for the accouchement. After a little delay, I examined the patient during a severe pain, found a vertex presentation, pelvis normal, but notwithstanding the very severe pain, I could observe but very slight contraction of the uterus; the cervix was not obliterated by fully a half inch; there was no vaginal discharge, nor had there been any, as we would expect preceding labor, and preparatory to it by nature. I waited a few pains, examined again, and found the same state existing. I now told the lady she was not in labor at all, and that her time was probably not completed, to which she and the attendants demurred, and exchanged wise glances at what they seemed to consider my great ignorance. I succeeded, however, by a little diplomacy, in getting a half grain of morphine into the patient's stomach, and read a newspaper for the next hour, leaving the wise old ladies to their cogitations. By this time all pain had ceased, and the patient was tranquil, and partially

satisfied of my correctness. A week later the same scene was repeated ; but in two weeks from the last scene I was called, found the vaginal discharge present, the cervix obliterated, soft and dilating. I gave no opium this time, for there was no need of any agent, as nature seemed now to be at work with her eyes open, and soon completed her task. In such instances, and where the pain is very annoying for days preceding labor, opium is a valuable agent. I have never found it to have any special influence over natural uterine contractions, either by increasing or retarding them, but over morbid uterine action during labor it has a marked and often happy influence. As before stated, however, it would not be wise to administer opium in a case with a strong determination of blood to the brain, and especially where the subject is robust and plethoric, even if the os be ever so rigid, without first using the lancet, or combining the agent with free doses of Bromide of Potash, the former being far the most preferable.

The indications for the use of opium in complications are quite numerous, and occasionally imperative. It is by no means, however, proper to give it for trivial causes, and it should never be used anywhere without being really needed. In severe after-pains it is invaluable, also in mastitis, and all painful complications. Probably no single agent since the days of Physic, Graves and Stokes, has been so implicitly relied upon in puerperal peritonitis as opium. In puerperal eclampsia, used judiciously, it is also a highly useful agent, but discretion must be observed in the different cases of this affection, for the same reasons as given above.

There are other complications that arise during labor, in which opium becomes very useful, and which should have been mentioned before. In the patient suffering with an irritable uterus, and in whom the pains are not consentaneous, it moderates the irritability, and allows the contractions to come on with normal regularity and force. Again, where tumors prevent the expulsion of the fœtus ; where there is an abnormal presentation ; where the pelvis is abnormally small, or where from any cause manual interference must be resorted to, opium will greatly allay the excessive uterine action, and permit of more ready manipulation on the part of the accoucheur, accompanied with less shock to the patient.

What is Cholera?*

By A. L. CHAPMAN, M. D.

In this paper we propose to take a summary view of the morbid condition in which the human body is found to exist, when it has come under the influence of the disease inaptly called cholera. It is not our intention here to enter upon the question of its contagion, of its infection, or of its portability, nor yet to dwell upon its symptomatology or clinical history, and still less to arm ourself with nostrums and happy combinations whereby the vile thing may be cast out, not less to the glorification of the officiating M. D. than to the health and happiness of the dying victim; but it is solely our object at the present writing to inquire into the nature and character of the morbid condition itself, and in the meantime to ascertain whether that condition be special or general; whether the morbid principle affects all the whole through a single part, or whether the whole at once through all the parts, and finally to point out and to signalize the footprints of the invading enemy, namely, the anatomical lesions, and the pathological significance of these lesions.

The peculiar characteristics of the cholera poison, its pathognomonic features, its one only specific and single effect upon the body of man is, namely, a simple diarrhoea or catarrh from the gastro-intestinal mucous surface, without pain or other constitutional disturbance. The sequelæ which may follow in any case, whatever else may enter into the clinical history of a cholera patient, is naught else but the logical consequent of which the said diarrhoea is the one only logical antecedent. It is true, indeed, that this choleraic diarrhoea, this outflow from the mucous tract, has something very peculiar about it. *It contains the nutritive juices of the body, with the cellular elements which formed them.* The anatomical lesions, therefore, which are due to the cholera poison, and which are the peculiar and special imprints of the occult principle, are two, namely: 1st. A lesion of the nutritive juices which are on their way to the

* This paper was read before the Kansas City Medical Society, and, on motion, was recommended for publication in the JOURNAL. It was also similarly recommended over the signatures of two members of the Committee on Publication of that Society. It is, therefore, given a place on these pages, where, otherwise, it would not appear.—ED.

general circulation through the absorbents. 2nd. A lesion of the epithelial cells, whether these cells may be considered as simple independent unities, and acting each for itself, separately, as those investing the villi of the small intestines, or whether they may be considered as conglomerate bodies, acting both each for itself and for another, as those of the gastric follicles of the stomach, the follicles of Lieberkühn of the small intestines, and of the Glands of Brunner and of Peyer. These lesions are enough to kill, and, we had almost said, they are the only lesions which an intelligent physician, in the light of an understood physiology and pathology, will feel himself at liberty to attribute to the cholera poison, as its special and peculiar product, as the direct, immediate and uniform effect of the one certain specific and definite pathological irritant. All reputable authors who have written in these modern times upon the subject of cholera, and some as far back even as the year 1600, concur in pointing out the lesions herein above signalized, as the peculiar and pathognomonic effects of the cholera poison. In the majority of cases, these are absolutely the only anatomical lesions, and if there may be more than these in the clinical history of some cholera patients, *there never can be less.*

An important question now arises, a question here which above all others claims our attention, and calls for a full and ample solution, namely, this: What is the physiological significance of the epithelial cells of the gastro-intestinal canal? Their office is simply and peculiarly that of a gland. They do what and all what any other gland does. Those bodies which, in physiological parlance, are called the glands of the mucous membrane, are each and every one of them conglomerated epithelial cells—they are epithelial cells under certain conditions. Anatomically these cells stand upon the very surface of the mucous membrane, and are attached to the latter, not by growth, but by protoplasmic adhesions. These are the veritable portals and first gateways to the nutritious fluids as they ascend in their metamorphic career towards the current of the general circulation. Whatever nutritive aliments, therefore, there may be in the alimentary canal, and which are destined to sustain the living processes, must first of all pass through these little bodies; and while the latter receive their own

nourishment therefrom, they at the same time subject these juices to certain specific transformations, which, in the end, are cast forth as pure epithelial secretions. These self-same secretions, by virtue of the primitive impulse impressed upon them through the functional activity of these cells, are pressed forwards through a system of tubes, the serous canaliculi, into the connective tissue corpuscle of the parenchyma of the mucous membrane, and thence forwards to the lacteals and to the veins, and here the flow of blood and of lymph begins. In cholera, this process is reversed. The epithelial cells refuse to absorb and to send forwards the stream of chyle. They lapse into a state of inaction, and are cast off. With these cells have departed not only the stop gaps to the regurgitating fluids, but the grounds of an indescribable and spontaneous impulse, by which they were sent forwards. In these same little bodies at once inhere, not only the absorptive power which introduces the *pabulum vitæ* within the system, but also the original propulsive force which moves on and sustains the capillary circulation. They absorb by one side, they secrete by another, and transform by a central nucleus. Under the microscope, all the elements of the chyle—its water, its fibrin, its albumen, its fats and its salts, are seen to pass through and through these epithelial cells. The nucleus of the cell is charged with an elective affinity for these elements, and, as the latter encroach upon the nucleus, the affinitive force is reduced to zero, and the elements are pressed forwards by the new coming particles. Before their approach, and after their departure, these elements have opposite relations to the nucleus. The one has a high affinity, the other has none. Here the philosophy and physiology of the circulation of fluids in both plants and animals first dawn upon us. This action is the true cause of the circulation of the blood, for which the four moving cavities of the heart are wholly inadequate. But some medical men will not believe this, not because this doctrine is not perfectly able to sustain discussion, but because it is simply easier to lean upon the sentiments of authors. Vegetables have no hearts, nor the most of animals; yet the circulation here still goes on. But to recur again to the epithelial cell. These elementary organisms are amply endowed and qualified by nature for the most active

processes. In his Cellular Pathology, M. Virchow has fully demonstrated this. There is no anatomical part of the whole body so excitable, so irritable—unless we except the ciliated epithelium—as are those very cylindrical epithelial cells, with which every single intestinal villus is invested. All vital processes must be referred to the indwelling activity of the simple cells. *There is no physiological, there is no pathological activity outside of the cell.* The mighty genius of the man of Berlin has rendered his name as enduring as the everlasting hills, by the elimination and demonstration of this fact. “The chief point in this application of histology to pathology, is to obtain a recognition of the fact that the cell is really the ultimate morphological element in which there is any manifestation of life, and that we must not transfer the seat of the real action to any point beyond the cell.” *

Yet even to this day there are a few, and, what ought to be considered remarkable, among that few you may occasionally find a professed pathologist, who set up the opinion that “the limits of pathological processes are everywhere determined by the limits of the nerve element, and that the irritation of a part is impossible, unless there be a nerve in it.” But still, for all this, the doctrines of Virchow upon this very same subject, had been received and accepted by the intelligent men of the profession, for at least one full decennium. Nay, it was known to “the learned profession” many generations before Virchow was born, that all the essential processes of life, whether that life be animal or vegetable, and whether those processes be healthy or morbid, were perfectly able to be carried on without the presence or intervention of nerves at all. Even neuro-pathologists know that, in the primitive stages of animal life, and throughout the whole of vegetable life, the processes of nutrition, of formation and of function, (and these are emphatically *the processes of life*,) are carried on through the instrumentality of cells, and are solely due to their activity. Now, cellular pathology demonstrates the fact that the instrumentalities which the God of Nature ordained to carry on the vital processes in the beginning, have never aborted, but that they are continued on to the very end of life, and that the

* Virchow's Cellular Pathology; p. 29.

activity of any part is not referable to that part, as to a nerve, but as to a cell, and only in so far as it is a cell.

Now, we understand cholera to be that kind of an irritant which disturbs the processes of absorption and of metamorphosis going on in the epithelial cell, whereupon it relieves itself of its more fluid contents. This disturbance, by virtue of the law of the rapid intercommunicability of juices, must be felt almost at the same moment of time throughout the entire gastro-intestinal tube. The layers of muscle cells which invest the villi of the small intestines, now begin to contract, and the contents from the now turgid walls of the latter are driven back through the canalicular system of interosculating tubes upon the connective tissue corpuscle of the parenchyma of the villus. The walls of the epithelial cells now begin to give way before the weight of the accumulating fluids, or else the entire epithelial structure is uplifted, like a blister, from the surface of the mucous membrane. Now the chyliferous fluids begin to reflow, like a river, and fill up the intestines, whereupon we have the chyle-water, (chyle plus water), instead of the so-called rice-water evacuations. For the reflux of the fatty matters of the chyle, the way is more difficult; for upon the authority of Böhn, Virchow, Recklinghausen, and others, we may add that every such disturbance in the process of absorption causes the minutely divided fatty matters of the chyle to reflow together, and to collect in larger and larger drops, so that the epithelial cells, the parenchyma of the villi, and the lacteals become infiltrated with fatty matter, clearly discernable to the unaided eye. According to the best observers, this is an invariable, a pathognomonic feature, in the so-called Asiatic cholera.

Now, the question very legitimately arises here, whether cholera is a local or a general disease? whether the pathological conditions here-in-above set forth are the transference and localization of a general disease, or whether it is a purely local disease through which the whole system in the end becomes infected? In this connection, and for the purpose of interposing a single comment upon the pathological distinction between idiopathic or general morbid conditions on the one hand, and those on the other which are solely due and referable to some

particular local lesion, to the end that we may be able to refer the disease here under consideration to the one or the other of these categories, we take the liberty to notice, and with all due respect for the author, some remarks upon this very same subject by Prof. J. L. Teed, in the last number of THE KANSAS CITY MEDICAL JOURNAL, which has this moment fallen into our hand. Under the head of Cerebro-Spinal-Meningitis, which he calls Meningeal Fever, he says: "This disease is an idiopathic fever, having a continued type, and a tendency to assume a low grade, and accompanied by a concurrent local determination to the meninges of the spinal centers." Now, it sometimes, nay, often, does so happen that, during the course, or it may be at the very beginning of an idiopathic fever, there may manifest itself some local disease also, but then this local disease is not, at least as a rule, to be considered an "accompanying and concurrent disease," but as a transference and localization of a general morbid condition from the whole to a part. Measles is considered by most authors an idiopathic disease, so is small-pox; but would any intelligent pathologist say that small-pox is an idiopathic fever, with a concurrent inflammation of the deeper and more spherical cells of the skin? This, indeed, would be to disconnect and to separate the inflammatory affection of the skin from the idiopathic fever, and to affirm that in small-pox there existed, at one and the same time, two altogether distinct and independent pathological conditions, namely: an idiopathic fever and a concurrent inflammation of the skin. The morbid affection of the skin is not, therefore, an accompanying disease, concurring with the small-pox, not any more than meningeal inflammation is an accompanying affection and concurring with the so-called meningeal fever, if, indeed, the latter should be considered an idiopathic fever; for who does not know that *nothing can concur with itself; that whatever particular and local pathological condition may accompany and concur with a general pathological condition, can not itself be that general pathological condition, neither in whole nor in part.* It will be seen that throughout his paper on meningeal fever, Prof. Teed formally contrasts the local affection with the idiopathic fever, and places them under two altogether distinct and separate pathological categories. Speaking of the variations in this

disease he says that some of them depend on "the location and extent of the concurrent affection, and others on the respective prominence of the idiopathic fever, or of the local determination." Again, "The gravity of the attack will bear a direct ratio to the extent of the meningeal affection; the persistence of the disease *may* be in direct relation to the pyrexial" (idiopathic) "disorder." Now, we hesitate not to say that Prof. Teed must very well know that where a local manifestation becomes a uniform and pathognomonic feature of an idiopathic disease, that local manifestation must, by the strictest pathological necessity, be considered as part of the idiopathic fever, that the one exists in the other and the other in it, and that it is a clear violation of the received doctrines of pathology to consider them mutually independent, when, in the very nature of things, they must be mutually dependent. But the so-called meningeal fever, not any more than cholera, is an idiopathic disease. The local lesions in both are enough to kill. They furnish grounds fully adequate to account for all the phenomena in either case; hence to go beyond these grounds in the absence of any clear and recognized pathological necessity, is nothing more than a formal and flagrant violation of the law of Parsimony, a law which the learned of all professions do, and must by all means, respect.

In conclusion, we will here state a fact, which is now generally conceded by the profession, namely this: that in so far as cholera is contagious or infectious, this infection arises and is propagated solely by the dejections of cholera patients. In other words it requires the pathological products of the morbid process itself to communicate the disease to a healthy person; hence the importance of at once disinfecting the dejections of cholera patients. Now, we think, it has been herein shown that the morbid products of the cholera disease are nothing else but pathologically transformed epithelial cells and their derivatives. But the rule which evidently forms the law of contagion in this case seems to be the fundamental law of contagion generally, nay, universally. If small-pox is contagious it is only through the pathological product of the anatomical part suffering the lesion. No one has ever yet been able to communicate small-pox by the blood or by any of the secretions of a small-pox patient. The same is true of scarlatina and other contagious

diseases. It is true that this is supposed to have been done in the case of measles, namely, by the blood of a measles patient. But then as this evidently appears to be an abridgement and violation of a universal law, we are not at liberty to suppose that the blood of a measles patient, as blood, inoculated a healthy subject, but as blood containing the debris, the pathological product of the disease itself; *for whatever is necessary to originate a specific pathological or physiological process in any given anatomical part in some cases is necessary in all cases.* Now, this law, let it here be said with emphasis, like any other law of nature, is a universal law, and that if it is true in some cases, nay, in one single case, it is true in all cases. But it requires a human spermatozoon in some cases, to originate a specific physiological process in a human ovum, a given anatomical part—it requires in some cases a small pox pustule—it requires in some cases an epithelial cell under certain morbid conditions to originate in that given anatomical part the specific pathological process known as Asiatic cholera; therefore it requires this in all cases.

This argument is respectfully submitted in the foregoing regular logical form to all whom it may concern.

Report of a Case of Partial Placenta Prævia, Post-Partum Hemorrhage, Etc.

By Drs. WM. AND J. F. KEITH, Surgeon, Mo.

On the evening of the fifth of May, 1873, I was called in haste to visit Mrs. N., eight months advanced in her fourth pregnancy, who had been suddenly attacked with profuse and alarming uterine hemorrhage. On my arrival, I found my son, Dr. J. F. Keith, in attendance, applying the usual remedies, elevating the hips, applying cold to the abdomen and perineum and administering opium and acetate of lead. The couch upon which she had thrown herself was deluged with blood, and she lay with cheeks and lips blanched, nearly pulseless, in short, almost in a state of collapse. By the use of stimulants and persevering with the above remedies, she was brought into a condition of safety for the time. However, we deemed it unsafe

to leave her. Hoping it was accidental hemorrhage from a partial separation of the placenta, and that a salutary clot might close the exposed utero-placental vessels and prevent further hemorrhage, we let her remain quiet in her disagreeable situation for several hours, the circulation during the whole time being very feeble and languid. But as soon as the circulation was fully restored, hemorrhage more or less profuse recurred at intervals, and finally brought the patient again into a critical condition, which continued through the night. We, now, from the symptoms, strongly suspected placenta previa. The uterus was too high, with the hips elevated, to be reached by a common digital examination, and the critical state of the patient forbade us, during the night, from ascertaining the true cause of the hemorrhage.

On the morning of the sixth, the patient was placed on a bed in a favorable position. The left hand was placed upon the abdomen, pressing the uterus within reach of the right index finger. The os uteri, from the great loss of blood, no doubt, was found so much relaxed that two or three fingers could be introduced. The edge of the placenta was felt about three-fourths of an inch from the os externum, implanted on the right side posteriorly. We were now satisfied that the induction of premature delivery was the cardinal remedy; whether by podalic version or by the natural process was the question. From the relaxed state of the os uteri, version could have been speedily performed. But as the child was alive and within a few weeks of the full term, and from the extreme situation of the mother, we thought the most advisable plan would be to bring on labor in the natural course. In this case it was of the utmost importance that the process of labor should go on as nearly as possible in a manner like the natural.

The presentation being right and the os relaxed and dilatable, we thought the case would justify the use of ergot as the first and best oxytocic agent, assisting it with the use of the tampon, as recommended by Professor Bedford, for the double purpose of checking the flow of blood and exciting dilatation. But instead of the pieces of old linen, fine sponge or carded cotton-wool, the fingers of the right hand were closed to a point, and the hand in that condition introduced into the vagina, while

the left hand was applied externally upon the abdominal walls over the uterus. Thus the contents of that organ were forced down against the os uteri, coming in contact with the fingers of the right hand, artificial pressure being substituted for the natural. From the extreme prostration and debility of the patient it was necessary to give stimulants, tonics and nourishment constantly. With the combined influence of the ergot, brandy, milk-punch and external pressure, the muscles of the uterus were induced to make the necessary traction in dilatation of the os, and in a comparatively short time labor assumed its natural course. There was a continuation of only slight hemorrhage after the first attempt to stimulate the womb to action, and as soon as the membranes were ruptured it ceased entirely. The process of rupturing in this case was effected with the finger nail. The head, which up to this time had never engaged the strait, now entered favorably, the uterine contractions became more spontaneous and effective and a rapid delivery was the result. The duration of the whole process from the first steps of induction to the birth of the child was from 7 o'clock A. M. to 1 P. M., only six hours, and from the rupturing of the membranes not more than one hour and a half. The uterine pains in the beginning, excited by the ergot, were of a spasmodic character, lasting longer than ordinary pains, and very distressing to the patient. In consequence of the severity of the suffering produced by the administration of the ergot, as soon as labor was fairly established we ceased using it.

By version, the delivery could have been accomplished more speedily than by the mode we adopted. But as the patient was so much exhausted from sanguineous loss, we feared the rapid artificial delivery might be followed by fatal prostration of the mother and perhaps be more dangerous to the life of the child. Yet, with all the care we were able to bestow, the child was still-born. The cause of its death, we presumed, was the anæmic state of the mother, and not any effects of the medicine. Although the ergot in the early stage of the induction produced powerful contractile pains, lasting rather longer than usual, yet they would intermit regularly, and the child was known to be alive, according to the testimony of the mother, two hours previous to its birth, which was more than two hours after we had quit the use of ergot.

The most important and interesting question connected with placenta prævia is that of its proper management; for although the fatality of these cases is comparatively great, both to mother and child, yet through prompt and judicious treatment it may be much diminished. The dangers attendant upon the condition develop themselves most markedly in the first stage of the complication, and death not unfrequently occurs in a few hours. If the complication occurs at the sixth, seventh, or eighth month, rapid induction of labor is necessary. And if at the full term and labor has commenced, version is the remedy, if the head is still at the superior strait; on the contrary, if it should have descended into the pelvic cavity, the indication is at once to resort to the forceps. Podalic version is considered to be the quickest and safest mode of procedure in all cases. But as the patient in this case was too much exhausted to risk the operation of turning, we thought it safer to induce labor as speedily as possible in the natural way, and at the same time to keep up the strength by stimulants, etc. The extreme prostration of the patient was also considered a sufficient contra-indication to the administration of chloroform or ether.

POST-PARTUM HEMORRHAGE.

In a short time after Mrs. N. was delivered, uterine hemorrhage commenced again. All of the remedies in common use failed to have any efficacy in exciting contraction of the uterus. Ergot and cold applications were resorted to simultaneously. The nerve force was so far exhausted that it failed or could not be made to respond to the excitation of any common means. And as cold is a means not to be trusted unless quickly successful in exciting the uterus to action, (unless there is sufficient power to respond to the excitation, cold will do more harm than good), we were compelled to stop every mode of applying it. We did not venture to use cold water, by injecting into the uterus, considering it too hazardous. A lump of ice was used, but to no purpose. Finding it useless to persist any longer with the application of cold, and the patient being about to succumb, something more certain and powerful must be resorted to. We next resorted to compression over the abdomen and grasping the uterus firmly with the left hand, and at the same time introducing the right hand as a plug into the vagina,

pressing the hands towards each other, creating a small space for the accumulation of blood. This was continued for an hour or more, until, with the use of smelling salts and cold to the face, the patient recovered sufficiently to be able to take brandy, which was administered freely for six or eight hours. With the continued application of compression in both directions (external and internal) the uterus would remain firmly contracted; but as soon as the compression was removed it would relax again, contractility being entirely gone. As it was laborious and inconvenient to keep up compression and contraction in this way any longer, we next resorted to Robert Barnes' remedy, the injection of styptics into the womb. By this means we have a power that will act under the conditions of exhausted contractility.

There are several modes of applying the perchloride and kindred remedies in uterine hemorrhage. In our case the only instruments accessible were a common injection syringe and a gum catheter. The catheter was first introduced into the uterus, and after filling the syringe with a solution of persulphate of iron and clearing it of air, the point was introduced into the catheter and about six ounces of the solution were injected into the womb. Hemorrhage ceased, and as we had been using a few does of opium and acetate of lead, the patient fell off into a quiet sleep for a short time.

I am inclined to attribute the main cause of this case of post-partum hemorrhage to the cervical zone. With my right hand constantly pressing against that portion of the uterus I could perceive that it was more relaxed than the body of the womb felt through the walls of the abdomen with the left hand. The styptic applied to this relaxed zone was the happy remedy and had its effect immediately.

There is another source of uterine hemorrhage after labor which is not sufficiently recognized: lesion of the cervix uteri, the bleeding from which persists even when the uterus is well contracted. Here powerful styptics, applied to the bleeding surface, are the only remedy.

In cases where the sinuses in their oblique passage through the uterine walls abut on the line of separation of the placental decidua, when the placenta is removed, the feeble walls give

way and severe loss is the result, unless the uterus contracts firmly. Iron in this case might fail to arrest the great stream, then remedies to promote contraction would be the only resource. But as there is considerable difference in different cases as to the internal surface of the uterus after the expulsion of the placenta, there can be no single or specific plan to suit all cases.

In this second attack of hemorrhage (post-partum after placenta prævia) dissolution seemed to be imminent. From the excessive loss of blood, the vital powers were so entirely prostrate that the patient exhibited the aspect of a moribund woman, and we seriously contemplated having recourse to the last resort, transfusion. Although we have never had occasion to perform the operation, according to Prof. Bedford's* instructions it is a simple operation, easily performed. If every practitioner would prepare himself with necessary instruments, (which cost but a trifle,) and in a case requiring it would use them with boldness and decision, many lives would be saved that are now lost through indecision and lack of resolution. By close watching and unmitigated attention in administering stimulants and restoratives at proper seasons, we were saved the disagreeable alternative. Although by prompt and untiring action for 30 hours we had safely conducted the patient through her perilous condition, yet she was not past all danger. On the morning of the 7th we found her suffering intensely with cephalalgia, with intolerance of light, the products and results of the ex-sanguinated state of the system.

She had suffered all the immediate effects of the loss of blood to the last extent, to survive.

She was almost continuously in an alarming state of syncope with occasional loss of consciousness. Respiration was sometimes suspended till aroused by sprinkling cold water in her face, when she would heave deep and repeated sighs and then suspend again. The beat of the heart and pulse was slow and weak at times and at others quick and almost imperceptible. The face and general surface was pale and bedewed with perspiration. The stomach was affected with eructations and retching, the extremities were cold and could not be kept

* Bedford's Principles and Practice of Obstetrics, page 401.

warm, which may have been fortunate, for the blood was not distracted from the principal organs of the body—the brain, lungs and heart.

Now the patient was beginning to suffer the remote effects of hemorrhage, what Marshall Hall terms hemorrhagic reaction.

There was now a forcible beating of the pulse and of the carotids and heart, and also a complaint of throbbing in the head and a beating or throbbing at the stomach and abdomen. On awaking from sleep, she would be very much agitated, telling of turbulent dreams and ugly sights, and calling for the camphor bottle, the pure and fresh air, often greatly alarmed and impressed with a feeling of approaching dissolution. Her pulse was at times up to 136 to the minute, and she had occasional spells of delirium. The effects of sleep at times were extraordinary, producing a feeling of dissolution.

This extreme prostration continued for several days. At one time there seemed indications of peritonitis, but these were promptly dispelled by the introduction of the catheter and the withdrawal of a large amount of stale urine.

On being questioned from time to time, the attendants always declared that she passed urine without trouble. The event proved that though micturition was frequent, the amount passed was very small, owing to partial paralysis of the bladder.

One more critical period was yet before us. It was now the 12th day of the month and the 7th day from the first attack, and during this whole time there had been no evacuation from the bowels, the extreme prostration forbidding the use of purgatives. Injections were frequently administered but without effect. We thought the time had arrived however, when we could safely administer mild purgatives, and small doses were given at short intervals till three or four doses had been given, but to no effect. We next decided to use a dose of rhubarb with four or five grains of calomel. It had the desired effect but was well nigh being the last of the patient. With the continuous use of opiates to keep the bowels in check, and brandy punch and animal broths to sustain the strength, for some ten or twelve hours, the patient was once more on safe ground. By the 15th, ten days from the first attack, the bowels had assumed

their natural functions, there was no further need of the catheter, and the appetite was improving; she was directed to take a mild tonic in spirits, bland and nourishing diet, and to husband her strength by having assistance in getting up and down. In less than two weeks from convalescence, she was able to attend to her domestic affairs. I have been practicing medicine for nearly forty years, and never before have I met with a case that exhibited so many different and varied features and that seemed so often beyond all hope.

This case is reported in the hope that it may stimulate those who read it to the employment of a greater variety of expedients, and to more faithful, untiring effort and perseverance in the handling of those cases which seem most desperate.

Synchronous Double Amputation of the Legs.

By A. W. REESE, M. D., Warrensburg, Mo.

On the 10th of February, 1862, I was called to see Nancy, servant of J. A. J., Lafayette Co., Mo. I found the patient, a bright mulatto girl sixteen years old, of good, healthy constitution. Both feet had been severely frost-bitten about a week or ten days previous to my visit.

The history of the case elicited the facts that she had absconded from home, and taken refuge in a corn-shock, where she had remained for an entire day and two nights without food or drink, at the expiration of which time she had emerged from her place of concealment, and sought refuge at a neighboring farm-house.

The weather, at the time, was extremely severe, the mercury running down to 10° below zero. The gentleman at whose house she had applied for shelter, informed me that when she came to his house, "her feet rattled on the floor like rocks."

He put the woman on a horse, and took her over to her master.

When I saw her there was total want of sensibility in both feet, and this condition extended up the legs for three or four inches above the malleoli.

The surface was cold, and the toes had a withered, shrivelled, and cadaverous appearance.

The feet were puffy and œdematous—in short, gangrenous as to their condition.

The constitutional condition was good, the tongue being clean, the bowels regular, and the appetite good.

In the hope of arresting the process of disintegration, I applied a dilute tinct. of iodine to the parts, and exhibited, internally, sulph. quiniæ and tinct. ferri chloridi *ter die*.

February 15th.—But little improvement, locally. The small toes, on each foot, had been eaten off, (by rats, it was supposed,) in the night, without her knowledge. Continue iodine, iron, and quinia, as before, and Labarraque's solution of chloride of soda, to allay feter, which is very horrible.

February 17th.—Gangrene still progressing. Use nitric acid lotion.

February 19th.—Parts beginning to slough. Line of demarcation beginning to show. The cuticle is beginning to separate from the cutis vera, and the parts exhale that peculiar cadaveric odor, so characteristic of mortification. Amputation seems inevitable. I appointed the 21st to operate, deeming that the line of demarcation would be sufficiently established by that time.

February 21st, 10 a. m.—With the assistance of Dr. H. J. Halley, of Lafayette Co., I proceeded to operate. Chloroform was administered by Dr. Halley, and when the patient had been brought profoundly under its influence, I proceeded with the work. I amputated the right leg first, operating through the middle third of the tibia, that being the lowest point at which I could operate through sound tissue. I used the flap operation.

After ligating the principal arteries, and bringing up the flaps, with the interrupted suture and adhesive strips, I then operated on the left leg, at the corresponding point, and in the same method.

No great amount of blood was lost, although the ligation of the vessels was attended with a good deal of vexation and trouble. This was owing to the fact of extreme tenderness of the coats of the arteries, these vessels tearing and giving way under very slight traction or tension. Often when the torrent of the circulation was turned into the limb, by loosening the tourniquet, blood would spout up behind the point of ligation,

thus rendering a fresh ligature necessary to the success of the operation, and the safety of the patient. Several veins, also, gave us so much trouble that we were obliged to include them in our ligations, a process, I believe, not usually considered good surgery.

Before ligating any of the vessels, I retrenched some redundant portions of flap, cut off the larger nerves, as high up in the wound as possible, and beveled off the anterior edge of both tibiæ. These precautions, I am fully convinced, will often save harrassing subsequent neuralgias, and sloughing of the stump, by avoiding injurious pressure upon the parts, and will not only prevent much pain and distress to the patient, but also render unnecessary a resort to secondary amputation, which generally reflects but little credit upon the skill of the surgeon who has charge of the case.

After the bandages had been carefully applied, the patient was removed from the operating table, and put to bed. One grain of the sulphate of morphia was administered, and she was left to her repose.

I dreaded secondary hemorrhage in this case, owing chiefly to the extremely tender condition of the blood-vessels, and left both of the tourniquets loosely applied to the limbs, with minute directions to her master how to tighten them, in case of any sudden emergency of that kind occurring during my absence. This was the more necessary, as my residence was about five miles from the house of the patient.

I was happy to find, however, that nothing of that sort transpired to mar the success of the operation. Both wounds healed, almost entirely, by the first intention.

She made a good recovery, and met with no accident, whatever, and I discharged the case on the 15th of the ensuing March.

SELECTIONS.

Practical Medicine.

Diphtheria Treated with Carbolic Acid.

By Dr. C. G. ROTHE, Altenburg, Germany. Translated for the Kansas City Medical Journal, from the *Allgemeine Medicinische Central Zeitung*, by the Editor.

My first trials of the local treatment of Diphtheria by Carbolic Acid, were made in the fall of 1869, and an account thereof published the following June, in the *Berliner Klinische Wochenschrift*. Since that time various communications on this subject have appeared in medical periodicals, the writers differing considerably in the results of their experience. As none of these gentlemen make any allusion to my previous experiments in this line, it is to be supposed that, with each one of them, the application of the remedy to this disease was an original suggestion. I do not consider that any special credit attaches to a man because he happens to be the first to apply a remedy, whose qualities are well known, to a given disease, especially when such application would *a priori* appear to be particularly indicated. But I am surprised that some of the gentlemen who have written on this subject should be so little conversant with the periodical medical literature of the day, as to suppose that their use of carbolic acid in the treatment of diphtheria was the first instance of the kind on record.

The object of this paper, however, is not to vindicate any claim of mine to priority in the use of the treatment, (which I consider a matter of no consequence), but to call attention once more to the value thereof, especially in view of the difficulties and discouragements that have been experienced by some of those who have tried it. Although some of the experimenters with this method have attained admirable results, (Dr. Schlier in Bavaria, Dr. Helfer in Leipzig, and others), yet the majority, (among them Dr. Letzerich and Dr. Löwinson), consider the action of carbolic acid as, on the whole, not superior to that of other escharotics, previously in use; while a few (Jas. E. Reeves and Dr. G. Hill) are distinctly opposed to its use, as being, in their opinion, either valueless or injurious.

Now I have treated one hundred and fifty cases of diphtheria in this manner since 1869, all of which have recovered. Whence

then this difference in results? Is it due to different degrees of severity in the cases treated, or to a difference in the preparation used and the method of its application?

In my own experiments, I carefully excluded all such attacks of pharyngeal and tonsillar catarrh, or ulceration, as were not marked by the high fever, the severity of the local implication and the quality of the exudation, characteristic of diphtheria. A considerable number of them, too, especially those complicated with scarlatina (during an epidemic) left nothing to be desired in the way of severity; so much so, indeed, that, in spite of my previous good fortune, I despaired of their recovery, for days, and even weeks. One condition of things, however, never re-appeared in my practice, during all this time, that is, the descent of the exudation into the larynx below the vocal chords, giving rise to the symptoms of croup; although hoarseness and even aphonia gave evidence of the implication of the upper part of the larynx. Inasmuch as this fatal complication had not been at all rare in my experience of diphtheria previous to 1869, I considered myself justified in attributing its absence, not to any difference in the character or severity of the disease, but to the early and thorough use of the remedy on which I now relied. In only one case, to which I was not called till the seventh day, did I find, besides the characteristic exudation on the soft palate and tonsils, all the evidences of stenosis of the larynx. Fortunately the patient was not an infant, but a sturdy boy eleven years old, who, under the application of frequent pencillings to the glottis, recovered in eight days.

It appears, then, that the difference between my results and those of other observers must depend either upon a difference in the preparation used or in the method of its application: perhaps in both.

From the time of my very earliest experiments, I have been in the habit of using a very concentrated solution, viz: one part of the pure, crystallized carbolic acid to seven parts of the solvent; a much stronger preparation than I find is used by others.

I first dissolve one part of Acid with one part of Alcohol, for the purpose of securing the antiseptic effect of the latter, and then add five parts of water; finally, both to aid in counteracting the disagreeable odor of the acid and to heighten the antiseptic qualities of the mixture, I add one part of tincture of Iodine. This addition of the Iodine was, at first, more accidental than designed. I had used Carbolic Acid inhalations for consumptives as early as the summer of 1869, and had added the iodine, partly in view of Piorry's good results with Iodine inhalations, and partly to correct the odor of the acid. I had never thought of any chemical transformation being produced.

During the ensuing year I received a pamphlet from Errico Saroli, an Apothecary at San Vittore del Lazio, in Italy, claiming that such was the case, and attaching considerable importance to the fact.

During an epidemic of diphtheria, Mr. Saroli had treated one hundred and fifty-two cases, by my method, and out of this number he had lost only two, infants at the breast, whom it was impossible to treat with any degree of thoroughness. He afterwards subjected the mixture employed to a chemical analysis, and found a new combination, which he designates as an Alcoholic Iodo-phenyl-hydrate, implying a true chemical combination of the iodine and the carbolic acid. He declares one of the characteristics of this combination to be its peculiar relations to Ozone. A piece of paper saturated therewith is a much more sensitive ozonometer than Schönbeins Iodide of Potassium and Starch.

Whether carbolic acid in this chemical union with iodine acts any more powerfully on the diphtheritic membrane (especially in the way of destroying and preventing the return of the fungi) than a simple solution of the acid alone, I do not pretend to say, and I leave the solution of the question to those gentlemen whose positions in public institutions give them better opportunities to test such matters than can be enjoyed in private practice.

As regards my method of application, it has been from the beginning, quite energetic. By means of a pretty good sized camel's hair brush, I apply the lotion, thoroughly and copiously, to all parts of the mouth and throat covered by the exudation. In severe cases this application is repeated every three hours, in lighter ones, two or three times a day. In children that are old enough, I order frequent gargling (say every quarter of an hour, or half an hour) with a solution of thirty drops of the mixture to a tea-cup full of water. I never forcibly remove any portions of the exudation, but only bring away such pieces thereof as spontaneously cling to the brush. I have therefore never, even after the throwing off of the diphtheritic coat, encountered any considerable losses of substance, though occasionally ulcers of the size of a pea have remained for a few days close to the uvula. In case that the exudation spreads into the naso-pharyngeal space, with a discharge from the nose, I introduce the lotion on a small brush through the nostrils. I have never but once met with any paralysis of the pharynx following the treatment, and that yielded promptly to the application of the constant current. The high fever, generally present, was combated with *Digitalis*.

At the expiration of from two to ten days the exudation begins to diminish in area and to be cast off, the healthy mucous membrane appearing underneath it.

The definite, uniform course of the disease, under this treatment, has led me to conclude that, at the beginning of the attack, the local process is the main thing and the accompanying fever only secondary; also that, by the early and energetic use of this treatment, the exudation may, in the majority of cases, be controlled, and constitutional infection prevented.

The solution, as directed above, is of a reddish-brown color, at first turbid, but after standing for some time becomes clear and transparent.

Diphtheria.

Dr. Max Jaffé, (Hamburg), furnishes another exhaustive paper on diphtheria in its Epidemiological, Nosological and Therapeutical Considerations, to the last number (July 18) of Schmidt's Jahrbücher, from which we extract the following conclusions:

As we have already stated in the beginning of this article, we greet with the greatest pleasure Oertel's most meritorious work, as a great contribution to our knowledge of the entity of diphtheria, although we do not coincide with the author in all his conclusions. If we draw the most precise results from the investigations of Buhl, Trendelenburg, Narsiloff and others, and lastly Oertel, we arrive, as the state of existing knowledge upon the essence of diphtheria, at the following conclusions:

Diphtheria is a miasmatic, contagious disease whose *contagium* is partly of a volatile, partly of a fixed nature, but whose entity, as is the case with all contagia, remains unknown. This contagium penetrates first the mucous membrane, exposed to the outer world, and acts upon it destructively, as a kind of ferment, loosening it and changing it. Immediately after the penetration into the mucous membranes, mostly vulnerable by catarrhal irritation, thus, in condition predisposed to attack, masses of fermenting parasites are formed, and these parasites carry with them the destroying element which they convey through the blood and lymph courses more or less swiftly to the whole organism. With the resolution of the disease, the parasites disappear. They are not to be regarded as the primary cause of the disease; they are the product of the action of the contagium upon the wounded, or, more properly expressed, morbidly irritated mucous membrane, and they can be modified by no caustic application, to say nothing of being dissipated, but may only be attacked by the disinfectant or antizymotic remedies so long as they can be brought in contact with them.

Of all the local agents hitherto known, sulphur and carbolic acid remain the most efficacious. They are to be decidedly preferred to all other topical applications.

Croup remains positively distinct from diphtheria, and forms

of itself an entirely separate *ens morbi*. The exuberative outgrowth of masses of parasites into the larynx is only a complication of the original disease. Diphtheria never proceeds from a case of genuine primary croup; both diseases may however exist together. Whether electricity, as introduced by Schwanda into the therapy of diphtheria, can be considered as a curative agent, remains to be seen. The cases thus treated might have yielded to any other agent. It may be further tried, however, in the milder cases. But we are never to forget in the treatment of diphtheria that we have to deal with a disease, not inflammatory, but reaching into the innermost recesses of life. We should never be content therefore, with the use of any topical agent, no matter how highly praised, but should support the whole body, that while we are reconstructing a few chambers the whole structure may not collapse.—*The Clinic*.

Of the Use of Chlorate of Potash and Glycerine Injections for the Ulcerations in Chronic Dysentery.

BY THEODORE MEAD, M. D.

Probably one of the most intractable of the various diseases that afflict humanity is chronic dysentery. It will, undoubtedly, take a prominent place in the medical history of the last war, as far as camp-diseases are concerned. The disease is essentially a chronic ulceration of the mucous membrane of the rectum and colon, and may continue the entire length of both, but is usually confined to the former. Ulcerations may, however, exist in the smaller intestines, but with these I have nothing to do at present, nor with any of the ulcerations produced by scrofulosis, cancer, or as sequelæ of syphilis.

The disease, in the first instance, is undoubtedly produced by some irritant coming in contact with the part, after the general health has been undermined by the acute dysentery, or it may be by typhoid fever; and I deem it not impossible for the ulcerations to be superinduced by any disease that may depress the general health, together with the application of the irritant.

This irritant may be anything that will produce an inflammation of the mucous membrane. Probably the acrid secretions of the intestines themselves produce more cases than all other causes. Violent and long-continued purging with drastic cathartics may prove the cause; corrosive sublimate is also mentioned as a possible cause. It may, perhaps, be a question whether the ulcerations of Peyer's patches in enteric fever can result in chronic ulceration of the large intestine. Whatever may be the cause, the subsequent history is the same. The ulceration that takes place in the first instance is substantially the

same as that we sometimes see in the mouth and fauces, produced by some disorder of digestion or other cause, and would be equally amenable to treatment could we but make the same direct application of our remedies, and prevent the continued presence of the original or some other irritant. The subsequent history of the ulcerations in the two locations, provided there be no medication, is very different. Those of the mouth will probably recover, while those of the colon and rectum will probably continue to grow worse.

This tendency is probably the result of the bad condition of the general health, the presence of unhealthy acrid fæces, the nervous irritation of the inflammation, the frequent desire to go to stool, and tenesmus; the straining and contractions of the muscular coats of the intestine, causing the rubbing together of the diseased and other portions of the bowel, thus increasing and spreading the ulcerations by the application of the diseased secretions to the otherwise healthy tissue. Sometimes the ulcerations, after a variable length of activity, seem to pass into a state of quiescence, and their surfaces become covered with a whitish membrane. During this state of quiescence, the patient often deceives himself into thinking he is getting the better of the disease; but, in a short time, owing, as he supposes, to some indiscretion on his part, either in exposing himself, or indulging his appetite, he finds himself worse off than before. This attack, however, is produced by a renewed activity of the ulcers, without throwing off the membranes that have been formed over them, but by breaking either through them or by their sides. After another time of activity, they again become quiescent, and other covering membranes are formed over the first. The disease thus goes on, the membranes continue to thicken, until the patient dies from the continued drain on his system, or is cut off by some inter-current disease, that under ordinary circumstances, might be of but little moment. I have seen the coats of the colon and rectum from one-fourth to a third of an inch in thickness at the seat of ulceration, where the patient had died of this disease.

The treatment in this condition, usually recommended, consists in the use of opium, quinine, iron, alcohol, bismuth, astringents, a strict diet, etc. With what success these remedies have been used, let the tombstones and hospital death-records report. That medicine given by the mouth can have any decidedly remedial effect upon the ulcerations of the colon or rectum, is extremely questionable, and especially if the remedy be nitrate of silver, sulphate of copper, or any simple astringent.

Flint says ("Practical Medicine," third edition): "Chronic dysentery is one of the most intractable and hopeless of diseases.

. . . . The treatment of chronic dysentery relates first to the local affection. Remedies to allay irritation and to promote the healing of ulcerations are indicated. But, unhappily, in the great majority of cases, there is very little probability that a cure will be effected, and all that can be hoped for from judicious treatment are palliation of symptoms and prolongation of life."

The ulceration itself is purely a local disease, and should be treated locally, and, instead of astringents, a stimulant to the mucous membrane should be used. The objects of treatment should be to heal the ulcerations, and to induce such a healthy action of the parts as to throw off the whitish membranes that have been formed over them. The remedies that have been found efficient in ulcerations of the mucous membrane of the mouth, etc., should, by a reasonable inference, be equally efficient for ulcerations in any other part of the alimentary tract. And such I have found to be the fact.

My treatment is, to inject into the bowel half a drachm of chlorate of potash, rubbed up in half an ounce of glycerine, and mixed with three to four ounces of warm water, two or three times a day, the patient to be confined to the bed, with instructions to hold the enema as long as possible. The first injection will not be held over half a minute, and not that length of time if the rectum be much affected. But in a few days the trouble in this respect will be greatly overcome, and, as the ulcerations heal, greater tolerance of the medicine will be evinced. After these injections have been used for from seven to ten days, the whitish membranes and debris of the ulcers, provided it be an old case, will be passed with the stools, looking like scraped lint. This occurred in the first case I had, to the no small surprise of my patient. The general health of the patient, of course, needed continued attention, and such medication as the case indicated was prescribed.

The two following cases I give as showing the result of this method of treatment:

CASE I.—Came under treatment June 4, 1868. D., aged twenty-seven years, fair complexion, light-colored hair, hazel eyes; formerly of Connecticut, and colonel of one of its regiments of volunteers during the late war. Was first attacked in July, 1861, while on duty with his regiment in Virginia. Afterward ordered to South Carolina, where he remained on duty until his health completely failed, and he was forced to resign and return home. From the time of his attack until I took charge of his case he had been under the care of good physicians, and had undoubtedly received the benefit of the best treatment as laid down by our authors. He informed me, however, that he had not had a natural stool since his first attack, and that

all the effect the medicines seemed to have was simply to keep him alive. The amount of medicine that he had taken was astonishing, and especially so as he had lived through it all, saying nothing of the ravages of the disease. And, as may be supposed, his faith in the medical profession was as near *nihi* as possible, so far as his own case was concerned. At this time, June 4, 1868, he was having from twenty to thirty stools in the twenty-four hours, was in a very weak, anæmic condition, with hardly strength enough to stand alone. His muscles were atrophied and flabby, the skin dry, pulse very weak, and in all respects he appeared incapable of living more than a week. The general appearance of these patients just before death is too well known to need any further description of this one, as he was in all respects a typical and a classical case.

I commenced the use of the injections at once, prohibited the use of opium and whisky, which had always been ordered him in great quantities during the whole of his sickness, and were doing him much more injury than benefit. Subnitrate of bismuth, in forty-grain doses, suspended in mucilage three times a day, with quinine, iron, strong beef-tea, beefsteak, eggs, etc; in fact, gave him the most powerful diet as to kind and quantity he could take, and leave the least amount of *debris* to pass the intestines. The injections, at first, were returned as soon as thrown up, but produced a decided impression upon him. It seemed to him, he said, "as though they would take his breath away," and the pain for some time was intense. But, in a short time, the unpleasant sensations became less prominent, and, although it was several days before he could hold the injection for an hour, yet the tenesmus and desire to go to stool, together with the passage of mucus and pus, were all most sensibly improved within a very few days, and at the end of twelve days the stools were reduced to eight or ten in the twenty-four hours. He continued to improve in all respects until his health was restored, except a partial cirrhosis and functional disorder of the liver, produced by the long-continued use of alcoholic liquors that had been prescribed for him. There was a good deal of tenderness of the bowels, which continued for nearly two years, but, up to the present time, he has had no return of his old trouble that could not be completely controlled by hyoscyamus and tannate of bismuth, and has had no return of dysentery for at least two years. His stools are natural in all respects, his appetite good, and his diet as miscellaneous as one need wish. He was under treatment three months before he was able to resume his duties at the office and work all day.

CASE II.—Came under treatment December 7, 1869. On the 6th of August preceding he was attacked with bilious fever,

from the effects of which he suffered for a long time. On or about the first of September he was attacked with dysentery, but it did not at any time assume the characteristics of an acute attack, but seemed to supervene on the weakened condition left by the fever, and assumed from the first the chronic type. His treatment for the dysentery had been sulph. cupri, opium, and tonic remedies, the details of which he could not fully remember. His medicine had been given by the mouth, and he informed me that he had not perceptibly improved since the first, but was getting weaker every day, and did not expect to live long at the best.

He was in a very weak, anæmic condition, hardly able to walk, having six to eight stools per day; pulse weak, skin dry, and a pale, cadaverous look. He had had a good deal of sickness before his attack in August, had been a hard-working man, and completely broke down his health in the army. His dysentery was complicated with chronic rheumatism, which gave considerable trouble throughout the whole treatment. The ulcerations in this case, I believe, extended nearly to the junction of the ascending and transverse colon. He said that every time he had a stool, the sensation produced throughout the length of the colon, from the sigmoid flexure to the point above indicated, was the same as would be produced were two raw surfaces rubbed together.

The treatment in this case was substantially the same as that pursued in the other, in regard to the injections, except that I added some opium, as I did not think that the ulcerations could be so deep, or the coats of the bowel could be as thickened as in the former case, and therefore the opium would not produce sufficient drying of the mucous membrane to interfere with the healing process set up by the potash and glycerine; subnitrate of bismuth in large doses, together with tonics, a generous diet, milk punch, and perfect rest, completed the treatment. Having always been a temperate man, unused to spirituous liquors, he received the full benefit to be derived from the use of alcohol. The effect of the injections was similar to that in the first case, except that they did not act so promptly in arresting the number of stools; this I account for from the fact that, in the first case, the symptoms did not indicate that the ulcerations extended farther than the sigmoid flexure, and were nearly all confined to the rectum; and in the latter case they must have been nearly all located within and above the sigmoid flexure. The shock to the system, and the pain experienced when the injections were first used, were intense, and completely prostrated him. This, however, soon improved, and he made a good recovery, and is to-day enjoying good health, without the least trouble from dysentery. He was under treatment two and a half months before he returned to duty in his office.

The history of these two cases, before I commenced their treatment, was derived from the patients themselves. They are both intelligent men, have some knowledge of medicine, and are perfectly trustworthy in all their statements.

I am well aware that it is not safe to draw conclusions from a few successful cases treated in a different method from that advised by standard authors; but, when they admit that their method nearly always proves fatal, we are certainly justified in endeavoring to discover a new plan, "and when found make a note of it."—*New York Med. Journal.*

A Clinical Lecture upon Sore Nipples and Mammary Abscess.

By **FORDYCE PARKER, M. D.**, Clinical Professor of Midwifery and Diseases of Women in Bellevue Hospital Medical College. Phonographically Reported for *The Medical Record*.

GENTLEMEN: All of you may obtain a great reputation by performing some important surgical operation: but the unfortunate fact with regard to such reputations is, that they are not easily secured, because the opportunities only rarely present themselves for such operations; and, indeed, you may pass a lifetime in an active practice without once being called upon to perform an ordinary amputation of the thigh or arm.

Your reputation, however, may be very much jeopardized, if not ruined, if you are not able to treat successfully a case of sore nipples or mammary abscess, and these are the cases you will see perhaps every week in your life. In these cases the responsibility will always fall upon the doctor, and unless he is familiar with their management the weight may prove more than he can well bear.

In text-books in general there is a sad deficiency with regard to description of the different forms of these troubles, the proper management, and the exact and appropriate treatment for each definite form.

Various articles, with which every practitioner is more or less familiar, are recommended for their cure, without any definite rules being laid down, where one or another will be applicable. These remarks apply with equal force to both sore nipples and mammary abscess. The forms of sore nipples are these: First, inflammation. This generally occurs in those cases where the nipple is naturally contracted, or in those cases, which are not at all infrequent, where the nipple is almost completely absent.

The child when placed at the breast has great difficulty in getting hold of the nipple, especially when the breast is distended, which renders the nipple still more retracted; it pulls away at it, and as a result of the irritation to the breast an

inflammation of the nipple takes place. This inflammation of the nipple may by propagation pass into the lacteal ducts, and we may have mammary abscess as a consequence of that.

Second, fissure or erosion of the nipple. These fissures of the nipple are of two forms. One comes from inflammation of the nipple, but there is another form which exists just at the base of the nipple, and gives the most intense pain and suffering, the patient, perhaps, bursting out into a profuse perspiration as the child is placed at the breast.

The next form of sore nipple is the ulceration which I have referred to in connection with the case now before you. The surface at the nipple is red, and denuded of its cuticle; the nipple is very much retracted, and in this case, there is a fissure at the top. The pain is very intense, and it may be that the woman experiences as much suffering from this as from anything else during the entire puerperal period. The process does not generally confine itself to the nipple alone, but the areolar tissue around the nipple becomes inflamed, and as the inflammation becomes more intense, perhaps one-half or two-thirds of the nipple becomes entirely destroyed in the process. These three forms are distinctly and easily recognized; and now a few words with regard to the treatment of these different forms.

In the first place, for drawing the nipple out. There is a great difference among authors as regards the propriety of applying the child to the breast immediately after the confinement has been completed, and also as to the proper time when it should be done. Some writers recommend that it should be done as soon as possible after delivery. The reason given for this early application of the child to the breast is, that the child by nursing stimulates the breast, which excites reflex action in the uterus, thereby producing uterine contraction, which will place the woman out of all danger from post-partum hemorrhage.

With reference to that point, I can say I do not consider it to be sound practice. I adopted it for some years, but have given it up entirely. You can procure uterine contraction, which will place the woman out of all danger from post-partum hemorrhage, by means which are far less exhausting for the patient than the resort to the troublesome efforts of the child at nursing. I now advise to get the woman completely restored after the fatigue of confinement before applying the child to the nipple.

The first stage after parturition is that of exhaustion. The whole effort of the system has been used to accomplish this result, and so complete is the exhaustion, that it is very commonly manifested by nervous chills. If the woman is permitted to

get a few hours of sleep, her exhausted nerve-power will be restored, and then is the time to direct that the child should be placed to the breast.

The main reason for this is, the breast is not now distended, and the nipple is easier drawn out. The traction excites the more rapid secretions from the breast, and the first secretions from the breast are of great benefit to the child as a laxative, being its first proper food. It is then that the nipple can be more readily grasped by the child and properly formed. If, however, you wait until the secretion of milk has taken place, and the breast has become distended, before applying the child, the distention itself causes obstruction to a free flow through the ducts, and the nipple and breast may become a very great source of irritation.

There are some cases in which the nipple congenitally is so short that the child cannot get hold, and must be drawn out by some mechanical appliance. The most common method resorted to for accomplishing this is the old-fashioned application of a bottle, which has been filled with hot water and emptied, and the use of the breast-pump.

A few words with regard to breast-pumps. Most of them have so small an opening in the part applied to the breast that the nipple is constricted, and the milk cannot flow at all after the first two or three exhaustions of the instrument.

The essential requisite for an efficient breast-pump is a large bell-shaped extremity, so that the nipple is not at all constricted by the narrow diameter which is applied over it.

The pump which meets the indications most satisfactorily, and which has come to my notice, is what is called Mattson's breast-pump, and it is a most excellent instrument.

With regard to treatment of the sore nipples, the following are the rules which chiefly govern me in the management of these cases: If the nipple is inflamed, apply a poultice until the inflammation is subdued, and then apply a solution of nitrate of lead in glycerine, ten grains to the ounce. This is also the most complete and perfect prophylactic against the occurrence of sore nipple that I know of. This solution should be applied immediately after nursing, having first washed the nipple perfectly clean.

The application must also be washed off every time before the child nurses. It is almost a specific, when properly used against excoriations and ulcerations. If the tendency is quite strong to sore nipples, the solution may be used of the strength of 15 grs. to the ounce, or even $\mathfrak{z}\text{i}$.; but as a rule the 10 gr. solution is sufficient. Next, where the cuticle is denuded, and we have a raw surface, or it becomes so irritated that there is a tendency to an abrasion, the indication is to form an artificial

cuticle, which will entirely protect the parts, and yet permit the milk to pass through it. For this purpose collodion has been extensively used. The objection to the collodion is this, that it contracts as it dries, and thus itself becomes a source of superficial irritation and discomfort, and does not readily permit the flow of the milk. I have used for this purpose, and with the most satisfactory results, the Compound Tinct. Benzoin. Wipe the nipple dry after the child has nursed, and with a camels hair brush apply four or five coats of this tincture.

The first application may produce some burning, but when once applied this will be entirely overlooked, and the woman will desire its re-application. This forms a most excellent artificial cuticle, and at the same time permits the flow of milk without obstruction. Cicatrization will take place under this coating, and the patient will thank you for the benefit received.

When the fissure is at the base of the nipple, very small it may be, but accompanied by the most severe and agonizing pain, the most satisfactory method of management is to touch the fissure with a fine point of nitrate of silver, and apply over this the Comp. Tinct. of Benzoin as before.

When the inflammation and ulceration have gone on to such an extent as to destroy the surface of the nipple, and there is danger of the inflammation extending back to the mammary gland, do not allow your patient to torture herself by allowing the child to nurse. Remove the child entirely, and empty the breasts by the breast-pump or by rubbing.

I then use as an application in these cases the following :

R. Rose Ointment.....	ʒi.
Carb. Magnesia	ʒi.
Calomel,	grs xxx.

M.

These ingredients should be rubbed together very carefully, and it should be freshly prepared, perhaps every twenty-four or thirty-six hours. If the child is permitted to nurse at all, it should be done entirely through an artificial shield, and the best shield is one made of the cow's teat. The objection to the india-rubber shield is, that there is an offensive odor emitted from them, and they are very apt to make the child's mouth sore.

If, however, it becomes necessary to use the shields which are in the market, in selecting them get a broad base, what is called the L-shaped glass, in the same manner as in the selection of the breast-pump. The ordinary nipple-shields seen in the stores are simply abominable.

The next subject which is immediately connected with the one just under consideration, is a very troublesome complaint, viz.: mammary abscess. This woman who is now before you has been confined about one month, yet it is only three days ago

that she began to complain of her breast, and since that time suppuration has taken place.

This is an important point, and one which is often overlooked in the books. It will be seen that the whole surface of the gland about the nipple is inflamed, the woman had a chill, has a fever &c., &c. This is probably one of those cases which is the effect of the peculiar poison which develops puerperal fever in some cases, puerperal peritonitis in others, and mammary abscess in others. There are three different forms of mammary abscess. First, inflammation of the cellular tissue surrounding the nipple and external to the breast; second, inflammation of the substance of the gland itself; third, inflammation of the areolar tissue between the gland and the thorax. The first form may result from irritation, and is nothing more than a pure simple phlegmon, requiring the same treatment. It usually terminates rapidly, is not attended with the constitutional shock which accompanies glandular inflammation, and is to be treated the same as phlegmonous inflammation elsewhere. As soon as fluctuation is detected, the question may arise whether the escape of the pus should be permitted to take place spontaneously, or whether the breast should be opened by the surgeon. The amount of constitutional disturbance is to decide that, and if it is decided to open it the incision should not be made within the areola, because the retraction which is incident to cicatrization will spoil the nipple for future use. The sooner this discharge takes place, the sooner the healing process will be completed, and the breast restored to a healthy condition.

In case the gland itself becomes inflamed, it is attended with more constitutional disturbance. There is headache, chills, fever, full pulse, high temperature, etc., and yet even greater constitutional disturbance if there is a tendency to the formation of multiple abscesses. If these cases are seen at a very early period of their formation, when there is great tenderness, high temperature, fever, etc., pulse 108, perhaps 120, it may be well to try to abort the inflammation. For this purpose I give the woman ten grains of Dovers powder, with an alkali, paint over the surface of the gland with Tr. Iodine, and cover it with a warm poultice or cotton padding covered with oil-silk. Empty the breast with a pump, and in most cases you will arrest the whole thing at once.

The trouble is, that the patient does not see the physician until this period has passed, and then suppuration must be favored by poultices. Internally the patient must be ordered as full doses of quinine as she will tolerate.

As soon as fluctuation is detected, open the breast at the lowest point, because otherwise pus will burrow between the tissues of the gland, become a source of irritation, and produce another inflammation.

The third form is called the sub-glandular, and is attended with still greater constitutional disturbance. It has none of the external redness present in the other forms, because it is situated between the gland and the thorax.

The gland sometimes becomes very prominent. The inflammation is attended with intense, severe pain, rigors, chills, and yet upon the external surface there may be no special intimation of its existence. The most significant symptoms are that the patient complains of difficulty of breathing on account of pain produced, and, when present, the prominence of the gland. These cases are generally exceedingly tedious, and sometimes dangerous, because the inflammation is so deep-seated that the pus between the gland and the thorax burrows about, forming sinuses and extensive fistulous tracts, which may be exceedingly troublesome and exhausting from the profuse discharge and constitutional irritation which is produced.

My hour has already passed beyond its limits, and further remarks upon this subject must be postponed until some future date.—*N. Y. Med. Record.*

Iodoform in Diseases of the Throat and Nares.

By R. P. LINCOLN, M. D., New York.

Though iodoform is recognized by a few as having some value as a topical remedy, its use seems to be directed almost entirely against venereal manifestations. Even here, I do not think its advantages fully appreciated, and the completeness of my conviction impels me to transcribe the subjoined examples from my case-book as a proof of its claims to a wider field of usefulness, and as an inducement to others to try a remedy that will realize high expectations.

We are indebted principally to French surgeons for bringing it to the attention of the profession, among others, Moréin, Bouchardat, Lailler, Feréol, and especially Demarquay.* The published accounts of their experience are not calculated to lead one into the error of limiting its applicability to any one class of diseases. In reference to this point, Feréol says: "Et je dirais volontiers, avec M. Besnier, qu'on peut user du procédé toutes les fois qu'une plaie présente une résistance notable à la cicatrisation."† I am prepared to testify to its great usefulness wherever there is an ulcerated or granulated surface whose cicatrization is sought.

It would be beyond my province here to give its chemical, physiological, or therapeutical qualities, yet I desire to refer to the remarkable fact, that, while it contains more than 96 per

* Bull. Gen. de Therap. Mai 15, 1867.

† Op. cit. Mai 15, 1866, p. 403.

cent. of iodine in its composition, its application to a highly inflamed and sensitive part is unattended with pain; and while its effect shows it to act as a stimulant, it is at the same time a local anæsthetic.

It was in 1867 that Dr. Sass first called my attention to its wonderful influence on venereal ulcers; since then, when opportunity offered, I have gradually extended its use to ulcerations of the larynx, pharynx, and nares, other than syphilitic.

Did space permit, a large number of cases might be quoted; the following may therefore be considered typical of diseases often met with in treating of the upper air-passages, and I believe the experience of others in similar cases will verify my own. As in the cases quoted, the most brilliant results usually attend its use on lesions the result of a venereal taint, and in these, iodoform might replace all other remedies for local medication; yet, as in these cases also, the cicatrizing process of ulcerations not venereal, is sometimes equally rapid, and almost at all times ultimately complete. The only obstacle to its free use is its peculiar and persistent odor, which to some is very disagreeable, and even intolerable; while, on the contrary, many do not object to it. There is also quite a large class where its use is indicated that have lost the sense of smell, that of course are indifferent to it.

CASE I.—Mr. I., a lawyer, about 40 years old, consulted me for persistent epistaxis, January last, at the suggestion of Dr. Francis Delafield. Patient stated that in other respects he had always enjoyed robust health, and that there was no hereditary cachexia to which he was subject. He traced back his present trouble to a cold which afflicted him eight years before, since which time he had been subject to frequent and often copious hemorrhages from the right nostril. During the last three or four years they have been of almost daily occurrence, with rarely an intermission of a week, and then usually the temporary effect of treatment. Latterly these attacks have sometimes occurred at night, the patient being awakened by the blood flowing into the throat. The effort of sneezing or coughing would almost always excite bleeding, as would also stooping forward, as in the act of washing the face; even the sudden jar of stepping from a curbstone would bring on an attack. The flow could usually be controlled by compression at the junction of the right ala with the lip, and as a precautionary measure a roll of paper was usually worn under the upper lip, against the reflection of its mucous membrane, which by a tension of the parts kept up slight but constant pressure. During all this time there had been a muco-purulent discharge from this nostril, varying in amount, but never entirely absent, and appearing posteriorly as well as in front. There was in the

right ear slight but variable deafness of recent date. The general health was but slightly affected, the only complaint being a feeling of weakness, experienced only after the loss of an exceptionally large amount of blood. The amount lost each day varied from a drachm to several ounces. The patient first presented himself to me with his handkerchief to his nose staying the flow of blood, but otherwise appeared to be in perfect physical condition, and his cheek had not entirely lost the ruddy color that was natural to it, though he stated that he was sometimes blanched by the loss of blood.

It was impossible to obtain a satisfactory view of the parts at this visit, because of the free flow of blood which seemed to ooze from every part of the interior of the nostril; and after the failure of ice-water to check this and leave the parts in a condition to be examined, a spray of per chloride of iron was resorted to, which was at once successful. On the following day, after the nostril had been thoroughly cleansed by syringing and the use of pledgets of cotton, an examination revealed an ulcer on the septum, extending from within half an inch of its margin, superficially, as far back as a view could be had; its cartilage was exposed in many places, while at others, a granulated surface presented. On the outer side the covering of the turbinated bones was of a mulberry-like appearance, being everywhere apparently covered with fine granulations, which bled on the slightest touch. A view posteriorly afforded an appearance similar to this last on the turbinated portion, while the mucous membrane of the whole posterior nares, particularly that on the right side, was hypertrophied and congested. The patient thought he had tried every known method of treatment, having been "swabbed" with nitrate of silver, and having used in the form of a douche or spray, preparations of tannin, iron, alum, and other astringents, besides having taken internally, tonic and anti-hemorrhagic remedies.

Treatment.—After carefully freeing the passage of all secretion, I applied iodoform to the diseased surface, and gave the patient an ointment of the same (\mathfrak{z} i. ad adipis \mathfrak{z} i.) to be applied every night with a camel's-hair pencil, the parts being cleansed as well as possible. A light piece of cotton was directed to be worn in this nostril when the patient was out of doors, which served as a respirator. This treatment, without modification, was continued for six weeks, when the membrane appeared healthy and all symptoms of disease had disappeared. There was no epistaxis after the first ten days of treatment, and the catarrhal discharge ceased at the end of the fifth week. At this time, five months after the patient was discharged, there has been but one hemorrhage. This occurred three months ago, during an attack of influenza, and consisted of but a few

drops, and stopped spontaneously. Though treatment was resumed for three days, it probably was not necessary.

CASE II.—Mr. M., aged 35 years, a resident of Brooklyn, consulted me at the direction of his family physician, Dr. Conklin. He was in the third stage of phthisis pulmonalis, but the suffering from a throat complication was so excessive that it outweighed, in his own mind, the graver trouble below, and the hope of securing an amelioration of the torture depending upon this part of the disease was his reason for coming to me.

He complained of great pain in his throat, and for the past three days of inability to swallow anything; this pain and difficulty of deglutition were much aggravated by the effort as well as by the act of swallowing. In addition to the dread of these symptoms was that of spasmodic coughing, which was now sure to follow any attempt at deglutition. These obstacles had at last become so great that the sufferer could no longer summon the courage to persevere, though it had been but a few weeks that annoyance from this source had been sufficient to modify his habits or facility in eating. The patient presented all the symptoms of advanced phthisis, including aphonia. A laryngoscopic examination revealed a larynx possessed by all the characteristic lesions of laryngeal phthisis—a thickened and gnawed epiglottis, arytenoid tumors, pyramidal in shape and oedematous, the left and larger being superficially ulcerated and covered with a tenacious, glairy mucus, while the other was smaller, and of a dark red, congested appearance. The vocal cords were thickened and fleshy in color.

Treatment.—Incisions were made in each tumor to relieve the congestion and particularly the oedema. A solution of iodide of zinc was applied by the spray-producer to the vocal cords, and powdered iodoform, by means of a tube properly curved for that purpose, to the epiglottis and arytenoid tumors. Applications were made daily, and after the second, the patient reported he could swallow comfortably, better than for two months. After the first week iodoform alone was used.

For eight weeks, though the pulmonary disease was exerting its wasting effect upon the general system, there was an evident effort at repair in the larynx that was partially successful, as shown to an observer by the diminution of the extent of the disease, and evident to the patient by the continued mitigation of the pain and greater ease in deglutition. Finally the patient became so much reduced that he was compelled to discontinue altogether his visits. The effect of the iodoform in preventing the local pain would last one to three days, within which time it was necessary to repeat it, and while this could be done with a moderate degree of regularity, he could take nourishment with comparative ease. During the last

week of his illness, which occurred ten weeks after his first visit, he sent for me three times to visit him in Brooklyn and "apply that powder," so much comfort did he anticipate from it.

CASE III.—Early in my use of iodoform as a local remedy in diseases of the nasal organs, occurred the following case of ordinary nasal catarrh that had resisted other measures. The patient was a young lady, eighteen years of age, from the interior of Pennsylvania, and applied to me in February, 1868. Her health had never been impaired except from nasal catarrh, and from this she had never been free, though usually incommoded less in the warm weather than at other times. She was of a strumous diathesis, evinced by the complexion and enlargement of the glandular tissue in different parts of the body. There was a complete absence of the sense of smell, while the odor of her own breath was offensive to others. The discharge was muco-purulent and purulent, with heavy crusts thrown off both from the nostril anteriorly and sometimes expectorated. There was almost constant frontal pain, and the tears often overflowed from obstruction in the duct. On examining anteriorly, there was found a sub-mucous infiltration and hypertrophy of the tissues nearly sufficient to occlude the passage of the left nostril, while the mucous membrane itself was congested and covered with a muco-purulent secretion. The right nostril was quite free, except where obstructed by crusts, the removal of which disclosed an ulcerated and unhealthy surface. So far as could be ascertained there was no exposure or exfoliation of the turbinated bones, but the tissue covering it readily broke down under the manipulation of a probe. On examining from behind the palate, the posterior portion of the turbinated bones appeared similar to what was found in front, though naturally paler, and the other parts were generally hypertrophied, with spots of ulceration scattered over the surface. The hypertrophy of the adenoid tissue of the vault was strongly marked. There was also mucous and sub-mucous thickening of the pharynx. She had undergone much treatment, having tried variously medicated nasal douches, and had had applied "caustics" by means of a sponge and brush; iron had been taken internally; but all these means, as well as a years' residence abroad, were of no avail.

Treatment.—The patient submitted herself to almost daily treatment. The passages having been thoroughly cleansed with a weak solution of compound tincture of iodine by means of a posterior nasal douche, any crusts being removed by instruments when necessary, a fine spray of tannin and glycerine was applied to the left nostril, and a saturated solution of nitrate of silver to the right nostril, posterior nares, and pharynx. In a few days chromic acid was applied to the tonsils to

reduce their slight enlargement. Cod-liver oil, which she had never before taken, was prescribed. At the end of two weeks there was an improvement in all the symptoms, and an examination of the left nostril warranted a verdict of well, anteriorly; while from the right and from the posterior nares there was still some of the old discharge. Everywhere here the mucous membrane presented a healthier appearance; there was less thickening and a better color, though considerable ulceration remained. The tonsils and pharynx required no further attention. The frontal pain had ceased. The same treatment was continued in the right nostril and posterior nares another fortnight with but little additional benefit, though there was no longer any complaint of the overflow of the tears. The use of the nitrate was then discontinued and an ointment of iodoform substituted, which in turn was abandoned in a short time for powdered iodoform. For ten days this was freely spread over the diseased surface, at the end of which time there was no discharge from the nostril in front, and but little from behind.

An examination at this time showed the mucous membrane to be everywhere healthy, except the adenoid tissue of the vault, which was still rough and thickened. Chromic acid was then thoroughly applied to this part, and when the slough had separated, iodoform effected a restoration of a healthy surface, when all the symptoms of catarrh had ceased. The patient was discharged ten weeks from the beginning of treatment. The following autumn, and again a year later, she reported herself as remaining well.

CASE IV.—Mrs. P., aged 40 years, applied to me at the suggestion of Dr. Roosa, June 30, 1873. She has been twenty years married, is the mother of four children, the eldest eighteen and the youngest three years of age; all of whom are strong and healthy, except the second, a daughter who is a deaf mute, the effect of scarlet fever. Her own parents as well as her grand-parents were healthy, and exceptionally long lived. She has two sisters and one brother living and healthy; one brother, previously healthy, died two years ago of an acute disease.

Her husband stated that he had always been free from any disease.

Our patient was vaccinated in her fourth month with virus from another child. Though a robust infant before, from this time she became sickly and feeble, and remained so for two years, when she had an attack of "erysipelas of the face and head," after which she became strong and well. She remained apparently healthy until 1862, when an eruption appeared on the face and ears. It was not itchy, and terminated in white scales, and disappeared without leaving any discoloration, in

three or four weeks, under the administration, according to her physician, of arsenic.

There was no fever at this time, and she was confident there was no analogous condition of the scalp, though she remembers the hair fell out, so as to require attention.

She dates the beginning of her present trouble from a cold in the head, caught while on a trip up the Mississippi river in April, 1864. On reaching this city she consulted a skillful and distinguished surgeon, who pronounced her affection "catarrh in the head," whose treatment she followed for some months, taking medicine internally as well as having local treatment, but all "without avail." Homœopathic treatment was then adopted for a couple of years, after which she consulted a specialist, who told her that "by a great deal of cutting and burning" he could help her.

She gave me a list of thirteen different physicians, of various practices, with an apology that it was so incomplete, to whose treatment she had subjected herself, and who with confident assurance pronounced the affection a "purely local disease," others "a scrofulous," and still others "a blood disease."

In 1867 the disease had extended to the throat, where, from that time, some degree of ulceration has almost constantly been present.

In August, 1868, the first splinter of bone came away from the nostril, and during the succeeding four years a dozen or more pieces, at irregular intervals appeared in the discharge, principally from the mouth.

During this period of more than nine years, except early in the disease a temporary amelioration of a week or two, usually after taking "potash," she has been subject to a muco-purulent discharge from the nose and throat. This symptom has suffered frequent exacerbations on the access of any slight cold, to which she seems to have been exceptionably susceptible. Though the appearance of the diseased parts was so repulsive when she visited me, there was no perceptible taint to her breath. The sense of smell was lost early in the disease, and that of taste impaired. One year and a half ago she became deaf in her left ear, and remains so now. Early last April she suffered an acute attack of "erysipelas of the face and head," since which her old disease has been much worse, and her strength more impaired than ever. For several weeks previous to her visit to me the difficulty of deglutition had constantly increased, and had at last become so great that her husband said, "She is literally starving." Whenever, notwithstanding the pain, she did attempt to swallow, spasmodic coughing would ensue, to be followed by attacks of dyspnoea.

The patient entered my office supported by her husband, and

presented the appearance of a person much reduced by protracted illness, exsanguine, but not extremely emaciated; stooping, and breathing through her open mouth with an audible sound. She spoke only in a whisper, and then with evident difficulty after several attempts to clear the throat. The bridge of her nose was depressed nearly to a level with her face. Several of the left cervical glands were each as large as small filberts, and were so before the throat-trouble. There were none enlarged behind the ears or at the elbows.

Pulse 75 and weak. Temperature normal.

The swollen and displaced parts within the nostrils, which were everywhere ulcerated, prevented a satisfactory examination anteriorly. No air could be forced through the nostrils on expiration, but on the most powerful inspiration the least air passed in, though through which it was impossible determine. On inspecting by the mouth, there was found a muco-purulent secretion covering the palate, pharynx, larynx, and posterior nares, which it was necessary to remove before the condition of the concealed surface could be determined. It was then found that the uvula had been entirely destroyed, and the palate cleft in the medium line to the extent of nearly half an inch. The free border of the palate was occupied by an ulcer half an inch deep on its inferior aspect, which was continuous, with a similar condition on its posterior and nasal surface, as well as upon its arches, and even in the larynx. The posterior and lateral walls of the pharynx were covered with a fibrous-looking membrane, firmly adherent, and with no appearance of an attempt at granulation. Below, this condition extended beyond the point of contact with the larynx, and above, in the pharyngo-nasal portion, it gradually gave place to a state of ulceration, unhealthy granulation, and thickening, which obtained throughout this cavity. The epiglottis, and the interior of the larynx, but particularly the glosso-epiglottic folds, were so swollen as to prevent a view of the vocal cords; and this whole surface seemed to be occupied by one ulcer, continuous with that already described. On account of the infiltration and thickening, neither the faucial extremity of the Eustachian tube nor the posterior border of the turbinated bones could be seen with the aid of the rhinoscope.

Treatment.—The discharge having already been removed so far as possible, I applied freely to the whole diseased tract, in the form of a fine spray, a solution of sulphurous acid and glycerine—seven parts of the former to one of the latter—and prescribed a gargle of carbolic acid, water, and glycerine, and internally iron and iodide of potassium; there was also advised an eggnog twice a day, and a clyster of beef-tea morning and night.

June 1.—Patient had been able to take the medicine and a few spoonfuls of nog. The enemas were well retained and gave strength. There was no change in the disease, and the following prescription was substituted for the first, a desert spoonful of which was ordered to be taken three times a day: *R. Hydrarg. iod. rub., gr. ij.; potass. iodidi, 3 iss.; vin. pepsin. et. syr. simp., āā 3 iij.*

June 6.—Complained of tenderness of teeth. Though the full dose of the medicine had not been taken, it was stopped entirely, and chlorate of potash ordered to be used internally and as a gargle.

There was still no satisfactory change in the comfort of the patient or in the appearance of the throat, except a slight diminution of the inflammation bordering the ulceration on the palate, though nitrate of silver and also carbolic acid had been tried in place of the sulphurous acid.

An application of acid nitrate of mercury was then made to the whole pharynx, and extended cautiously to the posterior nares and the most prominent parts of the diseased larynx; this caused excessive pain and necessitated a dose of morphine.

At the expiration of a day and a half the slough made by the application had almost entirely separated, leaving exposed a pale, granulating surface. Powdered iodoform was then daily applied to the whole surface, including the nasal passages.

June 9.—There was a marked improvement throughout the diseased tract, a healthy action being everywhere established. The patient stated she could swallow so much better that she had eaten a piece of beefsteak, the first for several weeks, and she had resumed the nog in full doses. The tenderness of the teeth had nearly passed away. Cod-liver oil was prescribed.

So symmetrical, laterally, was the character and extent of the disease, that to the right half I applied a fine spray of nitrate of silver (3 i. ad. aq. 3 i.) and continued the iodoform on the left half.

June 14.—The process of cicatrization was so much more rapid on the left side than the right, that I did not feel justified in a longer use of the silver, and therefore extended the iodoform application to the whole surface. The stomach proved too feeble to retain the oil, and as our patient was gaining rapidly in every particular, no further attempt was made with internal remedies; she could now swallow without pain, though it required care and deliberation in deglutition to prevent food passing into the pharyngo-nasal cavity. Air now passed through the nostrils, but not with sufficient freedom for easy respiration; phonation was easy, though hoarse.

She was now instructed in the use of the throat douche and posterior nasal syringe, by means of which was used as a douche the fluid ordered for a gargle.

The only additional modification introduced during the remainder of the treatment was the occasional use of chromic acid to check any exuberant granulations, or to prevent undue contraction that sometimes threatened during the process of cicatrization.

The iodoform was continued almost daily till July 28, when she was discharged, there being no further symptoms of disease.—*N. Y. Med. Record.*

A New Mode of Treating Functional Dyspepsia, Anæmia, and Chlorosis.

By DR. C. E. BROWN-SEQUARD.

In 1851 I had to treat a very bad case of dyspepsia, and succeeded in curing the patient by a plan of treatment which, I think, deserves attention. Since that time I have employed it with complete or partial success in a number of cases of dyspepsia, of chlorosis, of anæmia, and also as a means of ameliorating or curing nervous affections caused by gastric disturbances or poverty of blood. I could not say, as I have not kept notes of all the cases, how many times it has succeeded or failed. In a number of instances where failure occurred, I have found that the patients had not carefully followed the rules, and that the failure was, at least in a good measure, due to this lack of care. In two cases only some increase of flatulency and acid eructation took place for three or four days, when the plan was given up. In a case of dropsy, attended with anæmia, dyspeptic pains were increased for a week, when the plan was abandoned. These are the only instances I remember in which some bad effect was produced by this plan, and this aggravation soon ceased.

The first patient I submitted to this plan was a scientific man, thirty four years old, of strong constitution, but from several causes reduced to a lamentable state of health. For about eight years he had been working very hard, taking no exercise, and living almost all the time in a vitiated atmosphere. He slept very little, and usually passed eighteen or even nineteen hours a day writing, reading, or experimenting. His diet was miserable, and, with the object of avoiding the need of much food, he took a great deal of coffee. He gradually, though slowly, became exceedingly weak. His digestion, which had been very good all his life before he began to work so much, had gradually become very bad. He suffered greatly from pyrosis, and a feeling of great distress, and gastric distention after each meal. Acid eructations and gas were frequently thrown up into his mouth, and when he did not vomit he found that his food remained on his stomach so long

that in the morning he frequently rejected things eaten the previous day. At last he had to give up work and stay in bed. But no improvement occurred from the rest he then had or from various modes of treatment. His emaciation and weakness and dyspeptic symptoms increased, and his friends decided to have him removed to the country. But he was so weak that he had to be carried in a litter to the railway station. After a few days finding that he had not improved, I decided to try a radical change of his alimentation as regards the quantity of food to be taken at a time. Instead of *three* meals a day I made him take *sixty* or more. Every twelve or fifteen minutes he took two or three mouthfuls of solid food, chiefly meat and bread. He drank a little less than a wineglass of Bordeaux wine and water every thirty or forty minutes. On the very first day this mode of alimentation was begun, his digestive troubles disappeared, and within a week he was so well that he returned to Paris, not, however, to go to work again, as he had been rendered wiser, but to prepare to go to the sea-shore. He continued the same mode of alimentation for about three weeks, and then gradually diminished the number of his homœopathic meals and increased the amount taken at each of them until in about eight or ten days he came to eat only three times a day, and a full meal at each time. His strength during the first week had become almost as great as it ever had been previous to his illness. Since that time his life has been one of great hardship, which he has borne remarkably well, and dyspepsia has only troubled him in a slight degree rarely and for short periods. The plan, as stated in the above case, consists in giving but very little of solid or fluid food or any kind of drink at a time, and to give these things at regular intervals of from ten to twenty or thirty minutes. All sorts of food may be taken in this way; but during the short period when such a trial is made it is obvious that the fancies of patients are to be laid aside, and that nourishing food, such as roasted or broiled meat, and especially beef and mutton, eggs, well-baked bread, and milk, with butter and cheese, and a very moderate quantity of vegetables and fruit, ought to constitute the dietary of the patients we try to relieve. This plan should be pursued two or three weeks, after which the patient should gradually return to the ordinary system of eating three times a day.

It is hardly possible to give more detailed rules as regards this hygienic mode of treatment. On the one hand, I have found few persons willing or able to follow it fully. On the other hand, many patients, especially those who have no dyspepsia, do not need to take so minute an amount of food at a time. Besides, it is certain that the quantity of food required varies notably in different persons. Prof John C. Dalton states

that the entire amount of food needed by a man in full health and taking free exercise is: of meat, 16 oz. av.; bread, 19 oz.; fat, $13\frac{1}{2}$ oz.; and of water, 52 fl. oz.; *i. e.*, about $2\frac{1}{2}$ lbs. of solid food and rather more than 3 pints of fluid. According to Dr. Edward Smith and other European hygienists, the amount of solid food and of water required each day is notably larger than that marked out by the able American physiologist I have named. My experience with the patients on whom I have tried the plan of feeding above mentioned shows that the amount of solid food required by an adult is nearly always as follows: from twelve to eighteen ounces of cooked meat and from eighteen to twenty-four ounces of bread. As regards the quantity of fluids I have allowed, it has always been notably less than the amount indicated by Dr. Dalton (three pints) and by Dr. E. Smith (four and a half to five pints).

I hardly need say that, in carrying out the plan I propose, attention must be paid to three points: first, the liking and disliking of certain things by the patient; second, the importance of variety in food; third, the digestibility of certain things compared with others,—digestibility which varies immensely in different patients. When I found that there was no disgust for a meat and bread diet I ordered that roasted beef or mutton with bread, be almost the only kinds of solid food taken. But most patients were either soon disgusted with this diet or refused even to try it. Having ascertained this, I allowed the selection by each patient of his own dietary, insisting, however, that the quantity of cooked meat should be at least twelve ounces a day. The most varied diet as regards the kind of food, however, can be followed under this plan as well as when one has only two or three meals a day. The only absolutely essential points are that the amount of food taken every ten, fifteen, twenty, or thirty minutes be very small (from two to four mouthfuls), and that the quantity of solid food in a day be from thirty-two to forty ounces, or a little less when, instead of water, the patient drinks beef-tea or milk.

I will not enter into long explanations to show how a marked benefit or a cure can be obtained in functional dyspepsia, in anæmia, and other affections, by this mode of alimentation. I will simply say that the facts I have observed agree with the view that we are naturally organized, like most if not all animals, to eat very frequently, and not, as we do, two, three, or four times a day. It seems certain from the facts I have observed that functional dyspepsia, when once it has begun (never mind by what cause), is kept up and increased by distention of the walls of the stomach. This fact is already well known, and physicians generally recommend that the quantity of liquid taken be very small, and that the solid food

be as nourishing as possible, that its bulk may be reduced, with the view of avoiding great dilatation by the fluid and solid substances introduced in the gastric pouch. But, although deriving some benefit from this diminution of distention, many patients continue to suffer who might be benefited or cured by the plan I propose.

It may be asked if there is no danger that distention of the stomach by a full ordinary meal, after a patient has followed for two, three, or four weeks the plan I propose, would not be more difficult and a source of greater trouble than before that organ had been allowed to contract considerably during the time this plan has been pursued. Facts answer this question in a way that leaves no doubt. There has never been in the cases I have attended the least trace of an increased trouble due to that cause. Even those patients who have not derived benefit from my plan of alimentation, and among them two who had while following it more acidity and flatulency, have at any rate had no increased trouble after having given it up. It is probable that the good obtained from this plan in dyspeptic patients depends at first on the rest given to the irritated stomach, and subsequently on a great amelioration in the quality of the gastric juice.

In anæmia and chlorosis, not complicated with dyspepsia, the advantage of this plan lies in the rapidity of the formation of blood from the notably increased amount of food that the patient can digest.

I have made but very few trials—and incomplete ones—of this plan in case of organic affections of the stomach. I cannot but think, however, that it deserves being tried in most of such cases.

Against the obstinate vomiting of pregnancy this plan has already been employed successfully by a number of physicians, and once by myself in a case in which many modes of medical treatment had failed.—*Archives of Scientific and Practical Med.*

Oysters and their Peculiar Digestive Property.

From Western Lancet. (Boston Med. and Surg. Journal?)

MESSRS. EDITORS: Recently you had a paper from me about pepsin. While trying experiments with it, I was one day requested by one of our most experienced physicians to digest two oysters. I placed them after thorough washing, with one grain of Sheffer's pepsin, four drops hydrochloric acid and one ounce of water, in a test tube, and submitted to a temperature of 100° Fah. At the expiration of two hours, almost perfect solution had taken place, only four and a half grains remaining on the filter, and the residue was of a feculent character.

Thinking over this result, and the matter of eating raw

oysters, I came to the conclusion that here we have an organized being, with a stomach, etc., calculated to digest infusoria—as its food—and hence possessing a gastric juice; and if so what should hinder that gastric juice from digesting even the oyster itself, if submitted to the proper condition.

With oysters, as bought by the quart there is so much liquor. On boiling a little of this liquor it coagulated, indicating so much coagulable albumen. I took another portion, of two drachms of this liquor, one drop hydrochloric acid, and submitted to 100° Fah. for two hours. It remained perfectly clear, and, on boiling a half of it, there was no coagulation, and, applying Fehling's test, there was the beautiful purple color produced, the whole indicating that there was in the liquor a natural element to produce the result. This experiment I have tried repeatedly; and, to make the matter still more conclusive, I placed one ounce of the filtered liquor in a flask, added to it 120 grains of thoroughly washed and wiped solid part of an oyster, and five drops hydrochloric acid, and submitted to 100° Fah. for seven hours. On filtering I had only 17 grains of solid matter left, thus showing that 103 grains of the solid oyster had been digested in one ounce of the liquor.

These facts are, I think, extremely interesting, and though my medical brethren have with me ordered patients, on recovering from exhausting disease, oysters as a part of the diet, and may have done it empirically, it has, after all, been done under strictly chemico-physiological principles, without our knowing it.

Very truly yours,

Lowell, May 1873.

E. H. HOSKINS.

Beef Tea.

The question as to the nutritive value of extract of meat has again been discussed by Baron Liebig, in a paper in which he carefully reviews the leading objections which have been urged against it. The veteran chemist's vindication of his opinions is of considerable interest, as he there sets forth his views on this subject shortly and precisely, and endeavors to correct the misrepresentations of the doctrine which he really teaches, and which he asserts that he taught from the beginning. He wishes it to be well understood that "he never asserted that beef tea and extract of meat contained substances necessary for the formation of albumen in the blood or muscular tissue;" and "that by the addition of extract of meat to our food we neither economize carbon for the maintenance of the temperature nor nitrogen for the sustenance of the organs of our body; and that, therefore, it cannot be called 'food in the ordinary sense,' but we thereby increase the working capabilities of the body and the capacity to resist exterior injurious

influences, *i. e.*, to maintain health under unfavorable circumstances." Those constituents of the meat which are soluble in boiling water take no part in the formation and renovation of the muscular tissues, but by their effect on the nerves they exercise a most decided influence on the muscular work, wherein meat differs from all other animal and vegetable food. He therefore places extract of meat, and with it tea and coffee, under the head of "nervous food," in contradistinction to articles of "common food," which serve for the preservation of the temperature and restoration of the machine. Beef tea and extract of meat are of themselves incapable of supporting nutrition or maintaining life. Liebig, however, with justice, condemns the conclusions of those who, from comparative experiments on the nutritive value of fresh meat and meat extract taken *per se*, argue that the latter is not only useless for purposes of nutrition, but positively injurious. It should be clearly understood that beef tea and extract of meat are only to be regarded in the light of auxiliaries to food, rather than independent articles of nutriment.—*London Medical Record*.

New Mode of Administering Cod-Liver Oil.

Numerous attempts have been made to render cod-liver oil less disagreeable, either by gelatinizing or solidifying it, but only with partial success. The system of capsules seems to answer best; but the great objection is the number of these which must be swallowed. Now it would seem that Messrs. Carre and Lemoine have contrived to incorporate the oil with bread. Each pound of bread contains a little more than two ounces of the oil, or five tablespoonfuls, and three ounces of milk. Small loaves are made which contain only two tablespoonfuls, and which, altogether, weigh only five ounces. These loaves are beautifully white, look extremely well, and have hardly any taste. Both children and adults eat them very willingly. In M. Bouchut's ward, at the Children's Hospital in Paris, thirty-four small loaves are brought every morning, and are looked forward to with much anxiety by the children for breakfast. They have been largely used by private patients, and no one complains of any disagreeable taste. Five or six tablespoonfuls of oil may thus be given *per diem*, incorporated with the bread taken with the usual food.—*Lancet*.

Two Naevi Cured.

A male child, aged nine months, had at birth a "mother's mark" on his perinæum and over the pit of his stomach. They were at first flat, but slightly-elevated spots, and quite small. When the patient was about six months old however, the tumors took on a very rapid growth; that on the perinæum occupying

not only the entire perinæum, but a portion of the scrotum also, while that on the abdomen was an inch in diameter. The perineal nævus was constantly irritated by the child's diaper, his urine, and his feces, and having on more than one occasion bled considerably, I advised an operation for its cure. The mother positively refused her consent to any other procedure than one which consisted in some external application. I determined, therefore, to try the methodical use of Monsel's solution in both the growths. Making a mixture of equal parts of the liq. ferri persulph. and glycerine, I painted not only the nævi themselves thoroughly with this, but I applied it also for some lines beyond the healthy skin, and directed it to be repeated twice daily. In a week both tumors had diminished appreciably in size; and in less than one month from the date of the first application of the iron they had disappeared altogether.—*Am. Practitioner.*

Reviews.

CIVIL MALPRACTICE. A Report presented to the Military Tract Medical Society, at its fifteenth semi-annual meeting, Jan. 14th, 1873. By M. A. MCCLELLAND, M. D. Chicago: W. B. Keene, Cooke & Co., 1873. 8vo., pp. 74. Price, \$2.00.

Dr. McClelland is entitled to great credit for having presented, at the semi-annual meeting of his Society, a paper so interesting and valuable, and one involving the necessity of so much research for its preparation. It is to be regretted that the industry and ambition to present a creditable report which resulted in this monograph are not more common among medical men, for then would the meetings of our State and district medical societies be vastly enhanced in interest and profit.

Dr. McClelland tells us, in his first chapter, that "Malpractice may conveniently be divided into two kinds, viz.; 1. *Civil Malpractice*, in which patients bring suits for damages which they have, or think they have, sustained. 2. *Criminal Malpractice*, in which the People or State is made the plaintiff." He then informs us that in this paper he shall confine himself to the first heading, and explains further, that "having seen what constitutes malpractice, viz: 'want of skill,' and 'negligence,' we shall endeavor, first, to determine, from the rulings and decisions of the courts in adjudicated cases, what the law requires of us as surgeons; and second, what is considered skill and care by our leading authorities in medicine."

Having thus laid out his task, the Dr. proceeds to fulfil it as amply and ably as the limits of such a paper will admit, giving

us a most readable and instructive essay. If, according to Capt. Cuttle, old Sol Gills was "chock-full of science," Dr. McClelland is certainly chock-full of law. This he explains, in his introduction, as follows: "That the definitions derived from legal sources might not lose anything of their completeness, I have transcribed the decisions of the courts in full." This is probably well, though, in some cases, we might be satisfied with the substance of a decision, shorn of its redundant verbiage.

Here, however, in a few words, we find "an opinion as is an opinion:" "The Supreme Court of New York has decided (*Ex parte Paine*, I. Hill, 665.) that 'whoever offers to practice either homœopathy or allopathy, as his patient may wish, is practically a quack in his profession.'

The work closes with a brief, but probably exhaustive Bibliography of the subject, which is of special value to those desirous of carrying on further investigations in this field.

It is a pleasure to record that the book is published in Chicago and that it reflects the highest credit upon the publishers, being, in fact, in every respect, fully up to the work of the best New York houses. S.

CONTRIBUTIONS TO PRACTICAL SURGERY. By GEORGE W. NORRIS, M. D., etc., etc. 8vo. pp. 318. Philadelphia: Lindsay & Blakiston, 1873.
For sale by Matt Foster & Co., Kan-as City. Price, \$4.00.

To the older readers of the *American Journal of the Medical Sciences* the name of Dr. Norris is familiar as one of the soundest, most careful contributors to its pages, during a period ranging from ten to twenty years ago; and as an accurate and pains-taking statistician, at a time when surgical statistics were not as popular as they are at present.

The book now issued, under the above modest title, is in part a republication of these papers, or, at least, of the substance of them.

We are told, in the preface, that "much labor was expended in the collection of these statistics and in their careful analysis. They are now reprinted for reference and comparison with more recent investigations."

"There have been added a paper on Compound Fractures, a large amount of new material on the Occurrence of False Joints, and numerous Clinical Histories drawn from a hospital service of thirty years, which it is hoped, may not prove uninteresting to the practitioner."

The first chapter, covering 103 pages, "On the occurrence of non-union after fractures," is perhaps the most valuable one in the book. It treats of the method of formation of callus; discusses, quite at length, the many alleged causes of non-union of fractures; and describes very fully the various methods recommended for the relief of this condition; closing with

a table of 150 cases of non-united fracture, their history, treatment and termination.

In the succeeding two chapters the relief of deformities following unsuccessfully treated fractures is discussed and the statistics of fractures and dislocations treated in the Pennsylvania Hospital during the twenty years from 1830 to 1850 are given. About 50 pages are devoted to the consideration of Compound Fractures, of which the author says that "though wanting in the charm of novelty, the subject is one of such practical interest to the surgeon and involves the consideration of so many of the fundamental principles of our science, that but few will be found to question its claim to careful study." At the close of the section on fractures is given a statistical account of the cases of amputation performed at the Pennsylvania Hospital from Jan. 1st, 1850 to Jan. 1st, 1860, with a general summary of the mortality following this operation in that institution for thirty years.

The remainder of the work, about a hundred pages, is devoted to statistics of the mortality following the ligation of arteries. Arranged in separate tables and followed by a few explanatory or critical remarks by the author, may be found the statistics of all the reported cases within his reach, showing the mortality following the operation of tying the sub-clavian, the iliac, the carotid, the innominate and the femoral arteries.

As may be concluded, from the scope of the work and the character of the author, Dr. Norris' "Contributions" are of the most valuable and reliable kind, such as should find a place on the shelf of every practitioner of surgery in the land. They have, furthermore, the charm of being presented in a very interesting and readable form, a virtue by no means to be claimed for many of our American medical writers. S.

CEREBRAL CONVOLUTIONS OF MAN, ETC., BY ALEXANDER ECKER, Prof. of Anatomy and Comparative Anatomy in the University of Freiburg, Baden. Translated by Robert Eder, M. D. 8vo. pp. 87. New York, D. Appleton & Co., 1873.

Various authors have written on the cerebral convolutions, and unfortunately they differ so much in their nomenclature as to render the whole subject very obscure. If for instance you are reading Meynert's description of the Brain in Stricker's Histology, and refer to Ecker to ascertain the exact location of the convolutions Meynert mentions, you will find no mention at all made of them. The same will often occur with Major's researches as recorded in the West Riding Lunatic Asylum Medical Reports; this is very much to be regretted, as otherwise this little work of Ecker treats of the matter in a very clear and succinct manner. Readers of English works require either the same nomenclature, or a complete table of

synonyms in which the terms used by English authors are given—in this work the latter appears to be very deficient. The late researches of Dr. Ferriar will doubtless give considerable impetus to the study of cerebral convolutions, and this little work of Ecker will be of some assistance to those who wish to study them, where the work of Turner cannot be obtained. The defects abovementioned are a very serious drawback to its value, and indicate great carelessness or ignorance on the part of the translator.

J. L. T.

INSANITY IN ITS RELATIONS TO CRIME; by WM. A. HAMMOND, M. D., 8vo. pp. 77. New York, Appleton & Co., 1873:

This little brochure will be found one of the best guides in forming an opinion as regards the sanity or insanity of those charged with homicide or murder, who, admitting the act, plead insanity as a reason why they should be exempt from punishment. He shows that all delusions do not justify Homicide: that if a man is conscious that the act he is about to perform is contrary to the law, or has the capacity to have such consciousness, he ought not to be allowed to go at large; that "irresistible impulses" are so rare, that it is doubtful if they ever exist even with the insane; and even granting the fact of their existence, the possessor of such an impulse when homicidal should be confined in a safe place, where he cannot commit injury on others. He shows that "the individual who has sufficient intelligence to know that pointing a loaded pistol at a human being, cocking it, and pulling the trigger, are all acts which will cause the death of the person against whom they are directed, should be subjected to the same punishment for a homicide as would be awarded for a like offense committed by a sane person." Again: "It is no more possible for a person to be insane without other evidences of disease than mental derangement, than for pneumonia to exist with no other symptoms than disturbed respiration, or for valvular disease of the heart to be restricted in its manifestations to irregularity in the circulation of the blood."

Thus this book gives no uncertain sound; and we cordially recommend it to the notice of the profession, as giving the mature views of its experienced, able, and accomplished author.

J. L. T.

THE MINERAL SPRINGS OF THE UNITED STATES AND OF CANADA, with Analyses and Notes on the prominent Spas of Europe, and a list of Sea-side resorts. By GEO. E. WALTON, M. D., Lecturer on Mat. Med. in the Miami Med. College, Cin., etc., etc. 12mo. pp. 390. New York: D. Appleton & Co. 1873. For sale by Matt Foster & Co., Kansas City. Price. \$2.00.

The author tells us in his preface, (and we readily believe him), that when first interested in the question of mineral waters and desirous of obtaining information concerning the min-

eral springs of the United States, he sought in vain in libraries and book-stores for anything authoritative on the subject. "In this volume" therefore, he tells us, "the author has endeavored to arrange all the known facts concerning mineral waters in such manner as that they shall be readily accessible." Either the number of "known facts" must be very small, or else the author unduly flatters himself in supposing that he has them "*all*" arranged within the narrow limits of his little work.

We are informed that "the portion relating to the springs of the United States is the result of a selection of credible evidence regarding them, gained by correspondence and personal observation." Dr. Walton unquestionably gives us, in this work, a great deal of information never before put into shape, and he has performed for us the great labor of collecting and sifting evidence on the subject. All this he seems to have done very well, and we should not hesitate to accept his authority, whereby we may be enabled to answer intelligently a good many questions that could previously only have been met by a confession of ignorance.

In the, necessarily very brief, notice of the various springs, the author always informs the reader of the means of reaching them and the hotels to be found there, while the numerous maps with which the work is embellished make the matter still more clear. Analyses of the water are always given, in cases where they have been made.

The chapters on Therapeutics and the anatomy of the skin are very imperfect and "popular" in their character. If meant for the profession they are utterly insufficient, and if intended for the edification and guidance of laymen they had better have been omitted. Although claiming to notice *all* the mineral springs of the United States and Canada, the name of Missouri could not, after pretty careful search, be found between the covers: *ergo*, we either have no mineral springs, or else we are out of the United States *and Canada*, for which latter circumstance let us be devoutly grateful. We leave the fight over this question to those who are interested in it, and commend Dr. Walton's book to all who are or who ought to be interested in mineral springs.

S.

BOOKS AND OTHER PUBLICATIONS RECEIVED.

THE CEREBRAL CONVOLUTIONS OF MAN. Represented according to original observations, especially upon their development in the foetus. By Alex. Ecker. Translated by R. I. Edes, M. D. New York: D. Appleton & Co., 1873.

CLINICAL ELECTRO-THERAPEUTICS. Medical and Surgical. By Allen McLean Hamilton, M. D. New York: D. Appleton & Co., 1873.

INSANITY IN ITS RELATIONS TO CRIME. By Wm. A. Hammond, M. D., New York: D. Appleton & Co., 1873.

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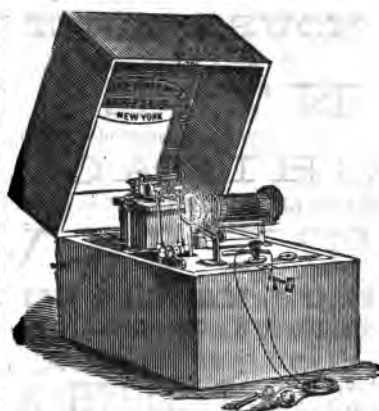
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Prof. E. W. SCHAUFFLER, M. D.

iodo-BROMIDE CALCIUM COMPOUND.

Cincinnati Lancet & Observer, June, 1873.

A NEW ALTERATIVE COMPOUND.

BY J. R. BLACK, M. D., NEWARK, OHIO.

The profession owes much to the Messrs. TILDEN, of New York, for introducing, for its convenience, fluid extracts of the various medicinal plants in common use. Their *disinfectant—Bromo-Chloralum*—is the best and most unobjectionable of which I have knowledge. As a deodorant, its power is really marvelous. I have at this time a case of *cancer of the womb*, with an extremely offensive discharge, which the *Bromo-Chloralum*, properly diluted and used as an injection, corrects in a very effective manner. In the case, also, of a very old, bed-ridden lady, whose urine was discharged involuntarily, and which was of a very offensive ammoniacal smell—so that it was not possible to keep her bed free from its disgusting odor, until I directed the frequent use of this *deodorant*, and with the most satisfactory results.

But it is not this preparation to which I wish to direct attention, but another one for internal use, which these gentlemen have ingeniously prepared. I allude to their "*Iodo-Bromide of Calcium Compound*."

But, at the outset, allow me to say that what I have written, and wish to write, is not from any desire to puff either this house or any of its preparations. To do this I have no sort of motive but, on the contrary, the heartiest dislike. But when a physician feels himself a debtor to any one, for putting a convenient and excellent remedy into his hands, it would certainly be playing the part of a professionally "prurient prude," not to feel himself free to make candid acknowledgment of the fact.

The Component Parts of this preparation are stated to be bromine, iodine, chlorine, calcium, magnesium, iron, sodium, and potassium. It is claimed, by a rival house, that the union is a chemical impossibility. But I do not know that the manufacturers claim that all these elements are chemically united, but only in solution. Almost the same union in a weaker and differently proportioned solution is not infrequently met with in some mineral springs, as at Leamington, England, and in the Spa of Belgium. And this leads me to write what I have often thought, that as the curative virtues of some mineral springs are undoubted, why can not the same ingredients be concocted in a concentrated form for the convenience of the physician in the laboratory of nature? It seems that the Messrs. Tilden have done this in an admirable manner in this Compound of theirs—perhaps more strongly alterative than what nature usually generates. By putting a half a teaspoonful of the "Solution" (not the Elixir) in half a tumbler of water, a draught is at once prepared, which might deceive the *habitudes* of some mineral springs. The taste is slightly sharp and acid, but these impressions on the palate are gone in a moment after swallowing. The primary effect, especially when taken in the morning before breakfast, is precisely that of some mineral waters—a quick, *pleasant*, aperient effect. This I have noticed on myself scores of times, and have had it reported to me by almost every one to whom I directed its free administration,

The Therapeutical Properties of this compound have proved, in my hands, to be *alterative, laxative, resolvent*, and, in a minor degree, tonic. In the epidemic, which recently passed over the country, of influenza—popularly known as the epizootic—one of its most common sequelæ in strumous subjects was an enlargement of the cervical glands. This I found to disappear in the most satisfactory manner under the use of the “*Iodo-Bromide Calcium Compound*.” In fact, it seems to have, as its composition would indicate, a special effect on the glandular structures of the neck. *Chronic irritation of the pharynx*, and recent enlargements of the tonsils are also promptly benefited by its use.

In some Cutaneous Diseases it is one of the most valuable of our preparations. A young lady, very fair to look upon, was exceedingly annoyed by a mild, yet obstinate spot of herpes on her face. Mercurial ointments, oil of cade, and other remedies of a like class, had failed to remove it. The “*Solution*” applied pure to the part affected, proved effectual, after only two or three applications.

In Prurigo, its beneficial action is no less apparent. This affection, as all know, is often very obstinate, and a not uncommon effect of eating freely of Polygala Fagopyrum cakes, swimming in Darwin’s nectar. It is an annoying, disagreeable, and troublesome affliction. It is often as obstinate as lichen, which is so obstinate as to have received the name of seven-year-itch—a disease which a fat old gentlemen once assured me he had had seven years to a day.

For the Removal of Prurigo, twenty drops of the “*Solution*” well diluted and continued for two or three weeks, will cure in almost every case. Such at least has been my experience. Excepting for children and adults of very fastidious taste, I prefer the “*Solution*” to the “*Elixir*.” It is more active, and when properly diluted, more readily absorbed than the “*Elixir*.” Considering that when it is deemed desirable to administer an alterative other than the mercurials, we are almost limited to the Iodide of Potassium, this preparation should be welcomed as a valuable addition to the list. *It seems to be free* from some of the objections appertaining to the Iodide; such as the occasional production of severe irritation of the Schneiderian membrane, frequent irritation of the stomach, and more or less of a general debilitating effect. *It is a common expression* of those who have taken the compound under consideration, and for appropriate disorders, that *they feel better and more buoyant*, without having experienced in the least any unpleasant effect, and this is more than can be said of the great majority of our remedies.

Recent Communications from other Physicians.

Impurities of the Blood.—Extract from letter of W. M. CORNELL, M. D., Editor “*Guardian of Health*” Boston, Mass., Aug., 7, 1873.—“I have used in my practice the Elixir of Iodo-Bromide of Calcium Comp., and have found it one of the best *alteratives* met with in my experience. For all impurities of the blood manifesting themselves in the various forms of skin disease, I consider it not only excellent, but invaluable. I have recommended it to several of our city Physicians.”

Gonorrhœa.—Extract from letter of J. F. Forman, M. D., Newport, Locke Co., Tenn., June 23, 1873.—“I consider the Iodo-Bromide of Calcium Comp., the best combination of remedial agents I have ever used. I have recently employed the *Solution* very much diluted, as an injection in an obstinate case of Gonorrhœa with remarkable success.”

Rhus Toxicodendron.—Extract from letter of Dr. C. S. LACY, Macedon, Wayne Co., N. Y., August 8, 1873 --“I wish to speak of the wonderful success I have had with your preparation of Iodo-Bromide of Calcium Comp. (*Solution*), in poi-

soning by Rhus Toxicodendron. I have had several cases of the kind this season and have used the Solution both externally and internally with marked results. I make mention of this, as I have not seen any account of the use of this preparation in the treatment of such cases."

Scrofulous and Cancerous Tumours.—Extract from letter of Dr. A. D. CRABTREE, 37, Tremont St., Boston, Mass., August 8, 1873.—"I have made the study and treatment of Scrofula and various taints of the blood a special branch of practice during sixteen years, and have ever been on the alert for the best remedies to meet such cases. I have been using the Iodo-Bromide of Calcium Comp., for some months with most remarkable success—and in fact before I knew of your admirable combination, I had used the articles composing the same, with great advantage, in curing scrofulous and cancerous tumours that have long resisted treatments heretofore known."

Extract from letter of Dr. S. HATHAWAY, Berkeley, Bristol Co., Mass., June 27, '73. "I have been using the Elixir Iodo-Bromide Calcium for two years—and it finds general favor with my patients. A thorough test of its curative power, warrants me in saying that it fully deserves the warm encomium so freely bestowed upon it."

Cancer of the Womb.—Extract from letter of S. S. OSLIN, M. D., Pleasant Hill, Talbot Co., Ga., August 5th, '73.—"I have used the Bromo-Chloralum in a malignant case of cancer of the womb with most gratifying results. When I began its use such was the terrible foetor from the discharges that I could scarcely stay in the room long enough to examine my patient. It was simply horrible. But now that room is as sweet as the nicest parlor. The pain was severe, almost unendurable, but the pain is gone and the lady appears to be improving rapidly. Of course I do not expect her to get well—but the relief she has experienced is every thing to her. I use the Bromo diluted 1 part to 12 parts of water, as a vaginal enema, and administer the Elixir Iodo-Bromide Calcium Compound in teaspoonful doses 3 times a day. And my patient is so much improved that my fear is, the medicine will not last till I receive another supply. It is too much to expect a recovery, and whatever of relief she may experience is due to your preparations. I am treating other cases of different diseases, with good results."

Itch, Scald Head, &c.—Extract from letter of WM. B. HARRISON, M. D., Columbia, Tenn., August, 1873.—"I desire to say a word or two in praise of your preparations—the Elixir and Solution of Iodo-Bromide of Calcium Comp."

The first case I employed it in was a delicate girl of strumous habit, some 10 or 12 years of age, who had been affected with caries of the femur for several years. In a few days after commencing the Elixir internally the appetite was very much improved. She has used it continuously only about six weeks, and though the bone disease has not been entirely cured, it has been so materially benefited, as well as her general health, as to be exceedingly gratifying—and we hope in due time for an entire recovery.

The next case was Itch.—The remedy was here used both externally and internally and the disease cured in a few days.

The next was Scald Head—Here again the Solution was used externally and the Elixir internally and though the case has been an obstinate one—the carbolic preparations, conjoined with blood-purifiers, having previously failed—it has yielded very readily to this remedy in the course of two weeks.

I might, if I had time and space, enumerate thirty or forty cases in which I have used these preparations during the last four months, embracing Constitutional Syphilitic, Chronic Rheumatic, Mercurialistic, Scrofulous and many other affections and in all of them have had occasion to be pleased with their effects, I have prescribed it so constantly that our druggists now keep a supply on hand. It is a good remedy and we have only to try it to be convinced of its powers.

Scrofula.—Extract from letter of S. C. LACEY, M. D., Orleans, Mich., August 13th, 1873.—I have been using your “Elixir Iodo-Bromide of Calcium Comp.,” in a number of Scrofulous cases, with such pleasing results that I am delighted with its action. I have been particularly pleased with its action in two cases in my practice, which I will state: Case 1st. A young lady of Scrofulous diathesis. I had been treating her for over six months with all the remedies I could find, but with little benefit. The difficulty seemed to be all in the stomach—with spasms lasting for hours; after they were relieved there would be more or less fever for a number of days. The attacks were so frequent, she was unable to do anything. Since she commenced taking the “Elixir Iodo”—two months ago, she has had no spasms, and is able to attend to her duties as well as ever.

Case 2nd., a child six years old, predisposed to Scrofula. Had a discharge from the head and ear, resulting from Scarlet Fever. Three months after having had Scarlet Fever was attacked with infantile Remittent Fever; during convalescence from that, was attacked with a severe pain in the front of the head, which could only be relieved by the use of opiates. After trying various remedies from which no relief was obtained, I commenced giving the “Elixir Iodo-Bromide of Calcium Comp.,” in half teaspoonful doses, three times a day. At that time the tongue was coated, complexion scrofulous, disposition irritable, could not sleep nights, &c. In six weeks time after giving the “Iodo,” she rested well at night, tongue clean, complexion natural, disposition more cheerful; in fact, she presents all the indications of returning health, and I think will soon be entirely well.

Scorbutic and Tertiary Syphilitic Diseases, Nasal Catarrh.—Letter from Walter M. Fleming, M. D., New York. In regard to the “Elixir and Solution of Iodo-Bromide Calcium Compound,” I have been exceedingly gratified with the results of its use, primarily, as a prompt and efficient alterative, covering a large field of action and eminently qualified to fulfill all requirements where its component parts are indicated.

I have prescribed it largely both locally and internally in Scorbutic and Tertiary Syphilitic abscesses with the most encouraging results. I am now using it with the most unprecedented success in Nasal Catarrh, using the Solution diluted one to four or six, “pro re nata,” as an irrigation or injection, from back of the mouth through the nares.

In severe and debilitating cases I use the “Elixir Iodo” full doses internally. In fact I know of no single remedy or combination, that promises so much.

Rheumatism.—Extract from letter of H. A. Spencer, M. D., Erie Pa.—I have been using the “Elixir and Solution of Iodo-Bromide of Calcium Comp.” and am curing a case of Scrofulous diseases of all the glands of the neck, which have resisted all kinds of treatment heretofore adopted. I have also been pleased with the remedy in treating cases of severe Rheumatism. I believe the remedies are good, and should be used by every physician, in those cases where their use is indicated.

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This Elixir contains Iodine, Pyrophosphate of Iron, the active principles of anti-scorbutic and aromatic plants, and acts as a tonic, stimulant, emmenagogue, and a powerful regenerator of the blood. It is an invaluable remedy for all constitutional disorders due to the impurity and poverty of the blood. One of the advantages of this new preparation consists in combining the virtues of Iodine and Iron without the inky taste of Iodide of Iron.

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